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Part 1.—Original Communications.

ARTICLE I.

On the use of Chloroform as a Therapeutical Agent; (being a paper read before the "Central Medical Society," of Illinois,) by Dr. JAMES SMICK, President of said Society.

GENTLEMEN: It is made my duty, by the Constitution of this Society, to deliver an address upon some medical subject. And, in discharge of this duty, I have selected for our present consideration, the use of Chloroform as a Therapeutical Agent.

The combined experience of the medical profession is necessary to determine the dose, and select cases in which an agent of so much potency, as Chloroform, should be used. I shall, in the first place, report four cases of rare occurrence, in which I have used it with good success; and, secondly, give some rules that I have adopted to govern me relative to its use.

CASE 1. On the 22d day of January, 1849, I was called to visit Miss G. I found her laboring under a very severe attack of Cerebro-Arachnitis. She had been sick some two or three days, and under the treatment of an other physician. She had been bled, purged, and blistered on the back of the neck and *forehead*, without the least mitigation of the symptoms. *Present Condition.*—Perfectly unconscious to all

surrounding objects. Has high fever with restless paroxysms, which last for about ten minutes. In these paroxysms she tosses herself most violently about, requiring two or three persons to keep her in bed, and from hurting herself;—perfectly delirious, occasionally screaming vociferously. From these paroxysms she sinks into a stupor which lasts for an indefinite time, continuing sometimes as long as half an hour, at others only about five minutes, a constant muttering to herself, pulse irregular, sometimes as frequent as one hundred, and at other times down to seventy, and most of the time shattered; tongue dry and covered over with a brownish coat, breathing hard, lies with her mouth and eyes partly open when she is still,—deglutition suspended,—the surface of a purplish appearance.

Deglutition being suspended, the use of internal remedies was entirely cut off, and the aid of revulsives externally offered a poor prospect to combat so formidable a group of symptoms as this case presented. I, therefore, resolved upon the use of Chloroform to procure rest, if nothing more. I dropped thirty-five drops upon a silk handkerchief and let her breathe it until she became quiet. She lay about half an hour quite easy, she then breathed the same quantity and remained quiet for about two hours. When she roused up this time, she seemed to manifest some marks of intelligence, could talk, asked for water but could not swallow it. Ordered the Chloroform in the same quantity at about four hours intervals, if the restlessness and delirium should return; sinapisms to the spinal column about every six hours; the extremites rubbed with cayenne and vinegar, and, if she could swallow, a powder composed of 1 gr. pulv. camphor, 10 grs. calomel and 2 grs. pnlv. ipecac, every three hours, until four doses were taken.

23d. Found her much more rational than the day before; all the symptoms abated in severity, had had one operation of the bowels, had used the Chloroform but once, had made fre-

quents attempts to take the powders but was supposed to have swallowed but one in all. The sinapisms had drawn well. Complains of pain in the head and soreness of the throat. Directed a continuation of the same remedies.

24th. The delirium seems entirely relieved, talks rationally upon all subjects, desires to take food but cannot swallow. Used the Chloroform twice since last visit, could not take the powders, had to discontinue the sinapisms on account of the irritation they produced. Has had no fever for the last twenty-four hours.

As this was the last time we had any occasion to use the Chloroform, and there was but little change in the case for three days, I think it unnecessary to give a further detail of the treatment, further than to state that every external means was used, that could be, that seemed to offer any prospect of relief in the case, such as blisters to the throat, stimulating gargles, enemata, &c. But as she could not swallow internal remedies, on the evening of the 27th a high fever set in that seemed to bring on the sinking of the vital energies of the system, and she sank on the 28th. So far as the effect of the Chloroform was concerned in this case it was perfectly satisfactory, and had deglutition returned so that she could have taken internal remedies, I firmly believe she would have recovered.

Case 2. About twelve o'clock at night on the 4th day of September, 1849, I was called to see a negro girl about sixteen years old, laboring under severe congestion of the brain. I found her on a low bed with three persons holding her there. Every ten or fifteen minutes her whole muscular system seemed violently agitated, not irregular muscular contractions, such as exist in convulsions, but more like desperate struggles to get away from the attendants. She had not spoken for about four hours, was taken in this manner at about six o'clock P. M., was perfectly insensible to external impressions; pinching or shaking did not make any impression on her.

The pulse was rather quicker than natural, not very full nor frequent, she breathed very much like a person very tired from long exertion, no frothing at the mouth, whenever her head was at liberty she was trying to bite every thing in her way, had bitten her own arms before they held her head, did not attempt to swallow.

I took about twenty ounces of blood from her arm, and dropped about forty drops of Chloroform upon a handkerchief and applied it to her nose and mouth, but from the violent struggles that she was making a portion of it was lost.

I dropped out fifteen drops more and let her breathe it. In about two minutes she asked the attendants to let her go, raised up in bed and asked for a drink of water which she drank with great avidity, asked what time of night it was, and when told it was one o'clock she seemed astonished to think they were sitting up so late, supposed that she had just awoke from a sound sleep; nothing but the fact that she had been bled and my presence in the room could convince her that she was indisposed.

I directed alterative doses of hyd. submuriate to be followed by a brisk cathartic. She remained rather stupid for about thirty-six hours, and then appeared to be as well as usual. I never saw any thing operate more like a charm than the Chloroform did in this case.

Case 3. I was called on the 27th of September, 1849, to visit Mrs. E., in labor with her seventh child. She had been in labor for about ten hours. The os uteri was but slightly dilated and the edges very thick and hard.

At about the sixth month of utero-gestation she received a hurt that threatened abortion; fever followed and she was not able to be up much from that time to the present. In consequence of this indisposition she had no strength to stand a tedious labor, as this seemed likely to be. I took twelve ounces of blood from the arm and gave twenty drops of laudanum. In about eight hours I was summoned to the case again. The

os uteri had dilated to its full size, the pains were very distressing, but not very efficient, her strength had evidently begun to sink, cold sweat bedewed the forehead and she was the subject of a peculiar nervous depression; while during each pain her cries were most agonizing.

Here was a case that I expected peritoneal inflammation or puerperal fever to follow, if she lived until the birth of the child. I used Chloroform, by inhalation, but not to complete anasthesia; she ceased her complaint about the pains, said she could feel them but that they did not hurt her. They increased in efficiency after the use of the Chloroform, and in about half an hour the child was born.

The placenta was delivered by the contractions of the uterus; no flooding or other pains followed. The tonic contractions of the uterus seemed to be perfect. I never saw a more rapid recovery under such unfavorable circumstances. The child also did well.

Case 4. On the second day of March last, I was called to see a child, less than two years of age, in convulsions caused by the eruptive fever of varioloid. He had two very hard convulsions, and when I got in the house he was screaming, his head thrown back, his face flushed, and his hands firmly clenched. I dropped out twelve drops of Chloroform and had him breathe it; in less than two minutes all muscular contractions were relaxed, he seemed to lay quiet for about fifteen or twenty minutes when he again became restless, when the Chloroform again quieted him. It was used some three or four times in the course of about two hours, when all symptoms of convulsions left him.

I have used Chloroform as a therapeutical agent in many other cases with marked benefit, such as neuralgia, intermittent head aches, and asthma, and, also, as an anesthetic in some surgical and dental operations. Without stopping to notice the discussion now going on between the advocates of the use of Chloroform as an anasthetic in pain attending physiological

action, and those who oppose it, I shall very briefly state the principles that govern me in its use.

1. I use it in all cases of pathological action in which there is severe pain arising from nervous irritation, or inflammation demanding immediate relief, and in which the usual anodynes and narcotics would not have time to operate before a dangerous result would be apprehended, and then carry its effects just so far as to relieve pain, but not to complete anasthesia.

2. In all obstetrical cases attended by that peculiar train of morbid action, such as chlorotic habit, derangement of the chylopoietic viscera and liver, in which we have reason to apprehend that the severe and long protracted labor pains would produce a bad recovery, peritoneal inflammation or puerperal fever, &c.

3. In all obstetrical cases, when turning or instrumental delivery is necessary, in which the operation is very painful or tedious.

4. In all capital surgical operations, where the pain of the operation would do injury to the nervous system.

These are the rules that I have adopted to govern me in the use of this most potent medicine, Chloroform, and which I expect to continue to follow, until this progressive age of improvement shall bring out, and settle down upon, some other and better principles. These rules seem to be perfectly safe, not liable to the objections incident to its indiscriminate use, and freed from any fatal results, for it need not be used to complete anasthesia in any case, excepting some surgical cases.

Used in this way it supplies a vacuum that has long existed, and that could not be filled by any other medicine, except it was of the same class.

It is not extravagant to hope that the time is not far distant when Chloroform will be combined with some other agent, that its properties will be so modified that it can be used with impunity much more extensively than it now is, or that much

may yet be learned relative to the dose to be used. When we reflect that it required years to ascertain the proper doses of quinine, we have much to encourage us in this particular relative to Chloroform.

Indian Point, Menard Co., Ill.

ARTICLE II.

Medical Topography of York Township, Washtenaw Co., Mich. By Dr. W. W. Goff, of Moorville, Mich.

The readers of etiological history, should not expect anything of the marvelous in the description of this quiet Township. Nothing here excites veneration or sublimity, except the solemn forest, which keeps its steady place; no towering mountains, no granite hills, no foaming cataract, no "silvery lake," no Mississippi floats through with its ocean of waters; nor is there so much as a Popocatapetl, to manufacture saltpeter or brimstone for us.

This township is bounded North by Pittsfield, East by Augusta, South by Milan, West by Saline. The population is about 1000, occupied principally in agriculture. Some parts of the township have been settled more than twenty years; but most of the settlement is of later date the emigration is principally from the State of New York.

Rivers. The Saline is a small stream of two or three feet water, at low water mark, running south east through the township. Its course is crooked, it has a feeble current and occasionally affords site to a mill; the water is colored and flavored more or less by the accumulations of floodwood at various places in its course, as well as by the constant supplies of drift, as leaves &c., from the burdening forest, remind-

ing one of swamps, springs, &c. This stream like others in this part of the State, is subject to great variation in the wet and dry seasons, at times making pretensions to rank among rivers; then again making itself principally useful to mills, fish, and ——— geese. The Saline has a clay-like, miry bed, and low banks, which it frequently overflows.

The *soil* of this township is clay, clay and sand, and sand, clay predominates.

The *surface* is level in the south and east; more undulating in the north and west, but never rises to hills of much altitude, nor degenerates to swamps, except that it is occasionally springy, or boggy on the openings. The level lands require draining to make them profitable and arable, but are naturally good grass lands.

Timber. The clay soil, or clay and sand, is found mostly in the eastern and southern sections. These parts are heavily timbered with oak, ash, bass-wood, maple, hickory, black-walnut, shagbark, butternut, elm and beech, which attain respectable dimensions, and many of them formidable to the inexperienced woodsman. The northern and western parts of the township are called openings. The timber there is less varied and less abundant, a medium oak constituting the prevailing variety.

Stone. We have no quarries of stone here, nor do I know of any within twenty miles. The stone mostly used in walls, are found on the surface, irregular shaped, commonly called "hard heads," "sand stone," &c., almost defying a stone hammer to make them face two ways at the same time. These stone abound in some localities; whether they indicate regular stratified deposits adjacent, I am not aware, such have not yet been developed.

The *Medical Botany* of this township is the most considerable of its characteristics. Sanguinaria Canadensis, Geranium Maculutum, Cornus Florida, Asclepias Tuberosa, Prunus Virginiana, Eup. Perf. and the whole armature of the domestic and pepper treatment, are found here in profusion.

Here, as in the western country generally, *the* cause of disease is *Malaria*, or what is understood by that term, in some of its manifestations or degrees. Whether this is an existent acting principle in the causation of disease, or has its being only in the imagination of the wise ones, it answers well as a pack horse to bear the execrations of shivering humanity in this western country. There is no fountain heads of that poison, that I know of in this vicinity, except that the mill ponds, and streams should be so considered. The dam across the Saline near here, raises a pond for a mile, twice that by the stream; during the summer months this pond is kept full, or as near as possible.

My own experience is, that, other things being equal, there is no more disease on the course of the stream, or in the immediate vicinity of this pond, than in other parts of the township; nor that disease has different characteristics in these vicinities compared with other places. But there is a small stream four miles east, running nearly south, that has in some places a gravelly bed, that is damed for the support of a saw mill; this dam courses a large marshy pond, which is damned by all the inhabitants in its vicinity, as one of the greatest morbific inflictions ever imposed upon a neighborhood. Dr. Bowers, a physician for many years a resident here, informs me, that the pond first mentioned, adds materially to the amount of disease in this locality. The dam was down and the river had unobstructed course for six years, 1839 to 1845; during this period there was much less disease than anterior or subsequently, since the first erection of the dam in 1834.

The prevalent diseases are intermitting and remitting fevers, bilious pneumonia, diarrhoea dysentery, and occasionally rheumatism, and some of the inflammations; these are *prevalent*, but additional, we have more or less of the whole nosological list under care at one time or another, but nearly all diseases are modified by the ever present genius of evil—malaria.

My professional experience in this place dates only one year. The epidemic diseases of the past season, 1850, showed the usual characteristics of malarious origin, generally. During the period, the month of September particularly, when diseases took definite character, there was a diarrhoæ for two, four or six days of a chylous or *a bilious* character; discharges liquid, light colored; affording temporary relief to the patient; no complaint of tormina nor tenesmus in most cases; patient uniformly expecting that some mild astringent would affect a cure. Many of these cases were attended with a mild quotidian or tertian. As the disease became developed, the patient had nausea and vomiting more or less, alternating, and diarrhoea; great oppression of the precordial region, general uneasiness, amounting to pain in many instances, of the portal region; the intermittent or remittent assumed a severe form, well developed, the chill and fever occupying 12 to 20, in some cases 48 hours. After the second or third paroxysm, unless molested by treatment, assuming more of a continued character, the remission not being perceptible, or, very indistinct, and congestions formed.

In the forming stage, the treatment found the most successful, was to exhibit Calomel and Jalap, a a gr. 8 or 10. or 8 to 12 gr. cal., followed by castor oil, jalap, or jalap and cr. tartar, in 2 to 6 drs. In many cases, this treatment, with one to three five grain doses of Quinine to check the intermittent, supported by some of the bitter tonics, removed the malady.

But too often the disease established itself, then calomel in limited quantities, laxatives, febrifuges, as camphor powders, (℞ camph. carb. am. a a 13 Ipecac℥ij(Dovers powders, or if there was much heat and restlessness, cold water, varied to meet the exigencies of particular cases, established convalescence; and the infusions of Gentian, Orange perl., quassia, or wild cherry, with perhaps two or three grs. sul. iron in the infusion, generally concluded the treatment.

ARTICLE III.

Case of Abdomanal developement of the Liver and Spleen at birth, By D. HUTCHINSON, M. D., of Mooresville, Ind.

On the morning of the 4th of June, 1850, I was called to visit Mrs. B. in labor, with her second child. She was a healthy young female, æt. 21 years. Her labor proceeded pleasantly, and in an hour after my arrival, she was delivered of a female child. The child appeared below the ordinary size for a mature fœtus, with the exception of the abdomen, which was excessively disproportionate to the head and extremities. The lady affirmed that she had gone the full period of utera-gestation. The heart and umbilical cord was still pulsating, it opened its eyes, yet it showed no symptoms of the establishment of respiration. It was only after considerable effort, by artificial respiration, kept up through a gum elastic catheter, introduced into the mouth of the child, that any appearance of breathing could be noticed. After partial respiration was established it attempted to cry, there was a considerable interval between each respiration. On examining the abdomen I found a firm and hard substance occupying the position of an enlarged liver, extending from the right hypochondriac regions to the middle of the epigastrium, and running with a well defined margin, down the median line of the abdomen, till it extended to the hypogastric and the illiac regions, occupying the entire right half of the abdomen. On the left side I found another hard substance, which appeared to correspond with the location and shape of an enlarged spleen, it extended over and met the liver at the median line of the abdomen, and descended into the hypogastric and left illiac regions, occupying the entire left half of the abdomen The abdomen appeared nearly double the size of a nine months fœtus, and the head and extremities were apparently imperfectly developed, or below the usual size. The breath-

ing of the child continued slow and difficult, the lips and face shortly became of a purple color; black inky spots, about the size of pin heads, soon appeared over the body, the whole surface became purple, and in three quarters of an hour it died. I was not permitted to make any post mortem examination.

The abdominal regions appeared to have been developed at the expense of the head and extremities, and may probably be accounted for, by an abnormal formation of the circulating apparatus.

ARTICLE IV.

Hæmatocele, By Dr. R. W. HALL, of Hawk Eye, Iowa.

At about 11 o'clock P. M., September last, I was called to go in haste 1 1-2 miles, to see Mr. E. M., who was represented to be in a dangerous condition, as he was suffering most intensely. Upon my arrival, I found him looking rather pale, cool, quiet, and cheerful; but with agony depicted in his countenance. I inquired for the cause of his suffering, when he answered: "Oh, sir, I am in a bad fix, I have had a general cold, and as I got better better of it, it settled here; (placing his hand on the pubis,) and as my cold mended, this got worse. I have suffered very much—I have a great deal of pain."

On examination I found the right hemisphere of the scrotum hot, swollen, and somewhat tender; the integuments stretched, but not very tightly, the tunica vaginalis appeared very tense and hard, the spermatic cord, of the right side, also swollen and hard. The right side of the scrotum overlapped the left, and would measure about 20 inches in circumference, while the left side was but little enlarged. About four days previous to my nightly visit, (but after the swelling had made considerable progress,) he had fatigued himself by running, while driving cattle. After this, the swell-

ing and pain increased much more rapidly. Some 30 or 35 hours before I saw him, a point, in the anterior portion of the tumor, had yielded to the force of the accumulation within, from which some blood, both clotted and fluid, had escaped. This gave some relief, but the aperture becoming partially closed by a clot, and the blood being no longer permitted to escape, (except a very slight oozing of serum,) the swelling and pain returned, and continued to augment, up to the time of my seeing him.

I proceeded at once to enlarge the opening, to the extent of an inch and a half, probably more, but the clot refused to be discharged. I now made a close examination of the mass, both in its position, and of the small parts of it that I was able to dislodge, and could distinctly see fibrinous shreds and filaments passing in all directions, but mostly from the tunica vaginalis toward the centre, in the form of small pillars, with their bases resting on this tunic, and to which, also, the whole mass seemed to adhere, thus showing a tendency to organization. The testicle was pushed as far posteriorily as it could get.

With a suitable probe, I broke up the mass and adhesions, as well as I could, to the distance of two inches or more, by passing it through in every direction; after which, some small portions were removed. This by removing the tension, gave some ease. I then applied cold wet cloths, and left him.

At a pretty early hour next morning, I visited him again and found the tumor but little diminished in size, except near the orifice: while from it, there still issued some blood. It was, however, more cool and soft, and less painful; and, the swelling of the spermatic cord was much less prominent. After removing that part of the mass which led toward the source of the broken vessel, viz: toward the symphysis pubis, I injected by means of a small syringe, a solution of sulph. zinc, in that direction. The application of this astringent, once or twice repeated, aided by the cold cloths, soon caused

the flow of blood to cease. Most of the clotted mass was now removed. The clot, which was easily removed by pieces, (together with sanious fluid,) appeared to be made up of two distinct portions—one as a jelly of mashed fibrin and blood and the other, which I suppose to be parts of the original mass, not broken up by the probe, was rather more compact, firm, and tenacious, than clotted blood usually is. The cold cloths were continued.

I saw him the following day: there had been no more bleeding, the pain was gone, the swelling had nearly disappeared, and in two or three days more, the patient was on foot, at his usual avocation.

It may be asked, why I did not turn out the whole mass at once? and why I did not use the injection on my first visit? To answer the last question first, I could not had it been my wish, for I had not the means, (i. e. no syringe at hand), and as the bleeding was slow there was no immediate danger of fatal hæmorrhage, and *perhaps* the cold application *might* arrest it; and farther, as the bleeding was small, and "heat, pain, redness, and swelling," were all present, in a greater or less degree, it *might* be well to defer the injection until some of these "symptoms," if not the whole of them, could be at least, partially subdued.

To answer the first, knowing his need, as well as his desire to get about quickly, I did not think it best to open the scrotum its whole length, and thus inflict a larger wound than was actually necessary; for other things equal, the longer the cut, the more time to heal it; and, as the contents of the tumor from their nature, could not be urged through a small opening, I removed at first only as much as I could through such an opening without doing violence to the parts. And had the clot been displaced, without a corresponding contraction of the covering membranes immediately following, a new clot would have been the result, unless the broken vessel had been permanently closed. And had the injection been then

used, it would have spread over a greater surface of the vaginalis than would have been desirable, and would not have exercised any greater hæmostatic influence, than a smaller quantity applied only to the required point. The sequel I think, justified the delay; for, after the clot and its adhesions were broken up, and the wasting blood freshly diffused throughout the mass, which evidently softened it, there was little danger and no difficulty attending its removal.

ARTICLE V.

Collodion in Mammary Inflammation and Small Pox. By Dr. J. H. Murphy, of St. Anthony's Falls, Minnesota.

During the month of June last, I was called upon to see a lady, afflicted with inflammation of the mamma, supervening upon confinement. It was much swollen and painful. I applied the various remedial agents usually exhibited in such cases, but with very indifferent success. I observed, in the North-Western Medical and Surgical Journal, an article, written by Prof. Evans, detailing his treatment of similar cases, which resulted favorably and speedily, by the application of the collodion. I immediately applied the remedy, in the manner designated in the paper, and, although there appeared to be but little probability of preventing suppuration, yet by the assiduous application three or four times per diem, for three days, a perfect resolution of the inflammation and dispersion of the tumor was effected, with but little or no auxiliary treatment. The success here induced me to try it in the following cases: Having at this time a case of small pox under treatment, I concluded that as it was considered an object to protect the affected surface from the action of the atmosphere,

the collodion might possibly answer that purpose as well as any thing which I had at my command. As this was an experiment, however, I proceeded cautiously, applying the solution on one of the lower extremities, previous to the perfect filling of the pustules, four times daily for four successive days. From the time of the first application the pustules retrograded, the itching and irritation in the part subjected to this treatment was allayed, and after the recovery of the patient, it presented a uniform, smooth surface, while the contiguous skin, to which collodion had not been applied, was deeply pitted.

Shortly after this I had another patient, laboring under the same disease, and being greatly encouraged at the result in the previous case, concluded to make a more extensive application of the remedy. At the same period in the course of the disease, as previously mentioned, I brushed the surface of the face, neck and hands of the patient, thoroughly, three or four times daily, for four days. The result was, as in the former case, a perfect prevention of the disfiguring effects of the disease, although both patients had the affection in a severe, confluent form. In the latter case, also, the remedy succeeded most admirably in alleviating the irritation and consequent unpleasant results, usually attending the progress of the disease. Not having notes of the cases, I cannot enter into a minute description of the appearances presented at different periods, and, therefore, only give the mode and time of the application, and the result. The only unpleasant circumstance in the treatment was, that the first (small pox) patient appeared extremely chagrined that his *face* had not been subjected to the experiment instead of his *leg*, and hinted, ominously, *mal*-practice. From the experience attained in these cases, I am inclined to think collodion the most effectual means of preventing pitting in the disease referred to. It only remains to be tested by future experiment, as to the extent to which it can be applied without producing ill consequences.

As no bad results followed the application to the face and hands, in the above case, this, in itself, is a great consideration if it should be found to act as favorably in regard to the marks of the pustules hereafter. The collodion has the advantages over all other agents hitherto employed for the purpose mentioned, that it is cheaper, more easily applied, and adapts itself closely to the the inequalities of the surface, besides being so eminently useful in allaying the itching and irritation.

ARTICLE VI.

Clinical Lectures and Cases in the Medical Wards of the Illinois General Hospital. By N. S. Davis, M. D., Prof. Principles and Practice of Medicine in Rush Medical College, and one of the Physicians to the Hospital. Reported by B. F. White, Interne.

Case 1st. T. Y., Male, aged about 35 years, admitted this day Dec. 9th, 1850; occupation a sailor on the Lakes. The patient before us, remarked the doctor, is a strong laboring man, in the middle period of life, and externally presents us with a flushed face of arterial hue, an active or excited expression of countenance; a hot and dry skin; a hurried, laborious, and painful respiration; the pain sharp and severe, and restricted chiefly to the left axillary and sub-axillary regions; cough frequent, painful, and suppressed; expectoration pretty free, and consisting of a red, liquid mucous which is generally known as the bloody or *brick dust sputa*. The patient complains of great oppression or sense of fullness and tightness across the chest, and of a heavy sore pain in the frontal region, much aggravated by coughing. The pulse is 90 per minute, full, and only moderately firm; there is much thirst; the tongue covered with a whitish fur; and the bowels slightly costive.

The position of the patient is dorsal, with the head and

shoulders somewhat elevated. These symptoms, continues the Dr., are fairly and fully characteristic of inflammatory or symptomatic fever, dependent on active inflammation in some important organ; and the acute pain located in the lateral part of the chest, the difficult breathing, and the red or bloody expectoration sufficiently point to the Lungs as the suffering organs. But they neither inform us of the precise location, extent or stage of the disease, nor of the particular tissues involved. It is true, that the color of the expectoration is regarded as diagnostic of pneumonia or inflammation of the air cells and parenchyma of the lungs; while the acute lateral pain, and suppression of respiration and cough are much more characteristic of Pleurisy. For more precise information, however, we must resort to the means of physical diagnosis. As I place my hands on the two sides of the chest, you see that it is broad and full, but the right side moves much more freely than the left during each inspiration. There is no enlargement or contraction of either side appreciable to the eye alone. By preserving silence, you will distinguish a pretty fair degree of resonance on percussion over the whole of the right lung, the upper lobe of the left, and the greater part of the middle lobe also, especially anteriorly. As we pass the inferior border of the pectoralis major towards the axilary region we get decided dulness, increasing as we go downwards and backward until we reach the attachment of the diaphragm to the walls of the chest. Indeed, as we cause the patient to turn on the right side and extend our percussion posteriorly, you perceive the dulness occupying both the axillary and subaxilary regions, and the space below the margin of the scapula on the left side.

This degree of dulness occupying the lateral and inferior part of the chest, accompanied by the active febrile symptoms, already detailed, indicates one of two pathological conditions, viz: the accumulation of a fluid in the cavity of the pleura, separating the lung from the thoracic parieties, or inflamma-

tory infiltration into the pulmonary texture, constituting hepatization. Or we may have both these conditions existing in the same case, the consequence of a a pleuro-pneumonia.

On applying my ear now to different parts of the chest, I find the respiratory murmur in the right side and the upper part of the left, simply exaggerated or *puerile*, as it is termed; over the middle lobe of the left side there is a variable degree of coarse mucous rhoneus, and on a level with the lower edge of the Pectoralis major muscle, a pretty distinct vesicular or crepitant *rattle*, while as we pass into the axilla, we loose all sound except a moderate whiffing or tubular murmur produced by the air passing in the larger branches of the bronchial tube. While the patient is coughing or articulating sounds, as by counting aloud, with my ear over the left axillary region, I hear an obscure and somewhat vibratory transmission of the voice, rather intermediate between ordinary broncophony and œgophony. You will have noticed that the dulness on percussion is most complete in the most dependent part of the left side.

Now if we compare these signs with the ordinary symptoms previously stated, we shall be able to draw some very clear and reliable conclusions. Thus, the more or less complete dulness on percussion over the axillary and sub-scapular regions, with distinct *vesicular* murmur somewhat intermixed with coarse mucous rhoncus along the upper margin of the dulness, taken in connection with the laborious and painful breathing, the bloody expectoration, and the active febrile symptoms, leave no doubt of the existence of pneumonic inflammation occupying the greater part of the lower lobe of the left lung, which has passed already into the second stage, or that of *hepatization* in the part first attacked, while it is still actively extending as indicated by the vesicular murmur on the margin or circumference of the diseased part. But this is not all. The acute lancinating nature of the pain, located in the extreme lateral part of the chest, coup-

led with the most complete dulness in the lower or most dependent part of the side affected, and the entire absence of all respiratory sounds at the same point, render it very certain that the inflammation implicated early, the pleural covering of the diseased lobe of the lung, which has resulted in a moderate amount of pleuritic effusion.

Our diagnosis now becomes plain and definite. The patient is laboring under an acute *pleuro-pneumonia*, implicating chiefly the lower lobe of the left lung.

In regard to the Prognosis, you must consider, first, the length of time since the onset of the disease. The patient says he was attacked four days since with chilliness, followed by high fever, cough, pain in the chest, and all the symptoms before stated; and that they have continued unabated until the present time. You are aware that the length of time required for pneumonic inflammation to run through its successive stages, of congestion, infiltration or hepatization, and suppuration or resolution, is very various, according to the age and previous condition of the patient's health, and the activity of the disease. In childhood, the first stage is much more protracted, than in the middle and later periods of life. In the case before us, the four days it has continued, have given ample time for the parts first affected to have passed into the second stage of the disease. While the parts immediately surrounding those, or at least above, are still in the first stage, as indicated by little or no perceptible dulness and plain vesicular murmur or crepitation. Second—the stage of the disease. As a general rule the longer pneumonia or pleurisy has continued without adequate treatment, the less favorable will be the prognosis. Third: You must note the location and extent of the disease. Inflammation, fully formed, affecting the greater part of one lung, must always be regarded as dangerous. If both lungs are affected the danger is greatly increased.

Again, inflammation of the same extent and intensity, af-

fecting the upper and middle lobes, is more serious than if located in the inferior lobes. In this respect the case before us is favorable. And if we add to this the previously good health, the vigorous sanguine temperament, and the present condition of the pulse, and muscular strength of our patient, we shall predict, that with judicious treatment he will recover.

But in what shall this judicious treatment consist? Before answering this question you should see clearly the indications to be fulfilled. Now what are the objects to be accomplished in the case before us? I answer, first, to arrest the determination of blood to the inflamed organ, and relieve the congestion in those parts still in the first stage of disease. Second, to prevent a return of this determination, and cause the matter infiltrated or effused in parts farther advanced in disease, to be absorbed or expectorated. And third, to keep up an active state of those secretions, which by their highly carbonaceous composition, may in some manner compensate for the diminished function of respiration. To this class belong the hepatic, intestinal, and cutaneous secretions. If these objects can be fully secured, complete resolution of the inflammation will soon follow. As there is nothing in the case before us to forbid it, I shall attempt to accomplish the first object by bleeding from the arm to an extent sufficient to lesson the pain, diminish the febrile heat of the skin, and remove the great sense of oppression and tightness across the chest, whether the quantity required be one pint or two. I bleed such a case not to take away a given *quantity* of blood, but to produce a given effect on the circulation. To keep up the sedative effect induced by the bleeding, and to favor the absorption of infiltrated and effused matters into the pulmonary tissue and pleural cavity, I shall follow the bleeding immediately by full nauseating doses of a solution of Tartrate of Antimony and Potash, repeated every two hours, with two grains of Calomel between the doses of the Antimony.

If the bowels become freely moved, as is generally the case, in the course of six or eight hours, I shall add to each alterative dose of the Calomel one grain of Opium to aid in quieting irritability and causing the Antimony to be better borne. The third indication will thus be fulfilled by the same means as the second. If, in opposition to the sedative influence of the Antimonial, the febeile symptoms again increase in activity, a few hours after the first bleeding, I shall direct the latter to be repeated under the same rules as at first. The further progress of the case and the influence of treatment we will note when we meet in the wards to-morrow morning at 9 o'clock.

Dec. 10th, 9 o'clock A. M. In carrying out the treatment directed for this patient yesterday, he was bled nearly 30 oz. before the pain, difficult breathing, and sense of oppression were relieved to the extent desired. The relief, however, from the abstraction of that quantity was very decided, although no sense of syncope ensued. The heat of the skin was diminished, the pulse more soft, and the patient capable of taking quite a full breath with but little pain. Having gained a decided impression and for the time being arrested the determination of blood to the inflamed lung, ten grains of Tart. Ant. et Pot. were dissolved in half a tumbler of cold water, of which a tea-spoonful was given every two hours and two grains of Calomel between each dose. The first spoonful of the Antimonial solution being given immediately after the abstraction of blood, caused pretty free vomiting, accompanied by perspiration and still further relief of the breathing. The subsequent doses were borne with very little nausea, and with the aid of the small doses of Calomel, operated freely as physic at the end of six or eight hours. Immediately after the free movement of the bowels, four grains of Calomel combined with one of Opium were given and the solution of Antimony alone continued up to the present time. If you now look at the patient, his face is less flush-

ed; if you feel of the skin you will find it not much above the natural temperature; his pulse is still about 90 per minute, but soft; his breathing you perceive is much less hurried than yesterday, with pain only on coughing or taking a long breath.

If you look in the vessel here you see that the expectorated matter is still very red or bloody and abundant, but thicker than before, and the cough less frequent. Percussion shows but little alteration since yesterday, but the vesicular murmur or crepitation has entirely subsided leaving in its place only the mucus rhoncus caused by the bloody mucus in the air passages.

The patient is still thirsty and the tongue covered with a yellowish white fur. The bowels have been evacuated once this morning. Now I shall direct a continuance of the solution of Antimony every three hours, and a powder composed of Calomel 4 grs. Opii 1 gr. every six hours, with toast water for drink, and if the pain remains pretty severe in the side on coughing, a blister must be laid over the affected part this evening.

Dec. 11th, 9 o'clock A. M. Now gentlemen, you see the breathing of this patient is quite easy, his skin cool, his pulse not over 85 per minute and soft; he expectorates quite easy, the sputa being thicker and much less bloody; on taking a forced inspiration, the affected lung fills more readily and with little pain; the coat on the tongue is loosening along the edges and is moist; there is a slight mercurial fetor to the breath; and the bowels have been opened once or twice during the night. The blister mentioned yesterday was applied last evening and has drawn well.

I shall now give the patient nothing but a solution of Antimony with the addition of five or six drops of Laudanum to each dose, repeated every three or four hours. A little gruel and mucillages may be allowed during the day.

Dec. 12th, 9 o'clock A. M. You will see in examining this

patient now, that all his symptoms are still further improved. His skin is cool; tongue moist and nearly clean; the expectoration is less copious, more thick, and nearly destitute of redness; his breathing while quiet, is easy, but still the left side of the chest expands less freely than the other, and you perceive as we apply percussion, that there is considerable dulness, though occupying a smaller space than at first. These circumstances show that the inflammation proper has nearly subsided, and what remains to be done is to cause a removal, by absorption, of its consequences. For this a continuance of external irritation by repeating the blister, the exhibition of the Compound Honey of Squills, Senega, and Antimony with Paregoric to allay the cough; keeping the bowels regular by the mildest laxatives; and as the patient begins now to manifest some appetite, restricting him to a very simple diet consisting of soft boiled rice, weak animal broths &c., will be all that is needed to complete the cure.

14th, 9 o'clock A. M. Here is our patient, lying in bed reading a newspaper. A glance at his general aspect is sufficient to show that he is rapidly improving. The respiratory murmur has returned over the greater part of the affected lobe of the lung; he coughs little and the sputa are thick, yellow, and entirely destitute of blood; but still there is some dullness at the lower margin of the chest, and a forcible inspiration gives a slight sense of soreness. We shall continue the same treatment mentioned on the 12th inst.

Dec. 16th. Patient sitting up with a good appetite, and appears entirely convalescent. No further medical treatment required.

There gentlemen, is a case which one week since presented all the phenomena of an acute Pleuro-Pneumonia, in the fourth day of its progress. Now the patient is well. [He was discharged well on the 19th, three days after.] Yet you will find some high authorities in Medicine, who will tell you that Pneumonia cannot be cut short by bleeding, and will ar-

ray abundance of numerical statistics, gathered up promiscuously without reference to the class of patients or their previous tone of vitality, as evidence of their assertion. But gentlemen, such evidence is scarcely worth a serious examination. Pneumonia, as in the case before us, may be characterized by an active and vigorous state of the functions of innervation and circulation, when little else than a judicious application of bleeding and antimony is required to subdue it; or it may be accompanied by an enfeebled condition of these functions, manifested by an early appearance of dullness and dinginess of the face, a more rapid and easily compressed pulse, and by a less forcible or sustained impulse of the heart, in which the same amount of bleeding and Antimony would speedily induce a dangerous, if not fatal degree of prostration, or an equally dangerous degree of intestinal irritation. But we shall have abundant opportunities to illustrate these varieties in our wards before the present term expires.

I intended to embrace in this report two or three other cases, but I have already filled more space than is desirable, and yet have not done justice to the very minute and excellent practical instruction of the attending physician.

ARTICLE VII

Collodion in Chilblains. By Jno. Evans M. D., Prof. of Obstetrics, &c., in Rush Medical College.

Chilblains result from the excess of reaction, following exposure to cold, and in the early stage may be regarded as simply congestions of the parts. The hyperemia affecting the skin, brings the blood so closely in contact with the air, that oxygenization in an unnatural degree goes on, feeding the flame, and producing the intolerable itching and burning sensations

characteristic of this affection, and the troublesome inflammation that generally follows.

To diminish the congestion and protect the surface from exposure to the atmosphere, seeming to be the prominent points to be attended to in the treatment in the early stage, I have resorted to the application of the etherial solution of gun cotton in a number of cases; which by its contractility and compression upon the part filled the first; and by its close adaptation to the surface, and the imperviousness to the air of the coating that it made, answered well the other indication.

I have been highly gratified by the results of this practice. The suffering of the patient being promptly relieved and the progress of the diseased action speedily arrested.

Feb. 3, 1851.

ARTICLE VIII.

Inoculation in Rubeola. By JOHN E. MCGIRR, A. M., M. D., L. L. D., Professor of Chemistry, Physiology, &c., in the University of St. Mary's, Physician to the Catholic Male and Female Orphan Asylums, Chicago.

Inoculation in Rubeola is no new experiment. As to the advantage of the process, diversity of opinion exists. Drs. Home, in Edinburg, Dewees, and Chapman, at the Dispensary in Philadelphia in 1801, practiced inoculation without any satisfactory results, while the experiments of Prof. Speranza of Mantua, and others, were varied, decisive and successful. Having no opinion of my own to confirm, wishing only to arrive at the truth, if possible, I determined when the very favorable opportunity presented, by the breaking out of Rubeola in these Asylums, to test this point. The Asylums are situated, (the female in north, and the male in south Chicago,)

without the thickly settled portion of the city, having the advantage of healthy locations. The houses are large, well ventillated, and are under the charge of the Sisters of Mercy; thus the best nursing could be secured, and the best opportunity which might ever again occur to me of watching every stage of the progress of the disease. Early in December the first case of measles was brought into the female asylum. I proceeded to inoculate from this case, when the eruption was at its height. Blood was drawn from a vivid exanthematous patch on the diseased child's arm, and inserted into the arms of the three children first mentioned in the list below. On the fourth, sixth and seventh days, after the inoculation, the measles appeared, pursuing a regular and mild course. The result of these cases determined me to carry the experiment farther, and that the trial might be a fair one, I selected for comparison those whose physical conformation and constitutional idiosyncracy, seemed most nearly alike, giving the disadvantage of age to the inoculation. The following table contains the names, ages, and results of all the cases whether inoculated or not:

NOT INOCULATED.		INOCULATED.	
Died.	Age.	Recovered.	Age
Ellen Brown,	3 y'rs.	Ellen Kehoe,	11 y'rs.
Katy Russell,	2	Ellen Grant,	4
Philomena Kehoe,	3	Mary M'Carty,	8
Elizabeth Patton,	2	Rose Mack,	5
Ellen Crowly,	5	Mary Grant,	9
Recovered.		Eliza Hurley,	4
Mary Carroll	9	Ann Cahill,	8
Ann Brennan,	6	Ella Welsh,	5
Mary Patton,	7	Ann Mulhall,	9
Johanna Cahill,	5	Ann Hagan,	3
Emeline Hurley,	4	Mary Mulhall,	4
Mary Nugent	5	Ellen McCarty,	10
Mary Brain,	10	Anna O'Brien,	13
Elvira Gilmartin,	5	Cath. Power	9
Fanny Mooney,	12		
Mary Ann Tell,	10		

This table gives us 29 names, 24 recoveries and 5 deaths, all occuring among those not inoculated. The cases of all those inoculated, commencing from the fourth to the ninth day after inoculation, proceeded regularly, with the ordinary symptoms of simple measles, to convalescence, which was speedy and complete, with one exception viz, the first case. This child entered the asylum about a year ago, suffering with violent ophthalmia. She had been cured. On the disappearance of the measles, the ophthalmia returned, and though the sight was much endangered. yet there now only remains a little weakness which is disappearing. All these cases occurred consecutively from the first week of December to the second week of January.

Four children who were known to have had measles in the spring of 1850, were inoculated; nothing else was observed than the inflammation which would follow any ordinary lancet puncture.

Of those not inoculated with four exceptions, the antecedent symptoms were very severe. The fever was violent; distressing vomiting occurred in three cases. The catarrhal symptoms were violent; throat sore, hoarseness, rigors, cough almost continuous, dry, the whole chest sore. difficult respiration, delirium at night in some of the cases.

Four had the "congestive modification," the eruption appeared slowly and imperfectly; one of these died. Two others presented the Typhoid variety; one died of diarrhea, the other recovered, but afterwards four dangerous ulcerations appeared on the limbs, and gangrenous stomatitis, in the left lower jaw. All of the teeth of that part of the jaw, fell out, the left side of the tongue and the cheek were involved in the disease. This case ultimately recovered. Bronchitis supervened in six cases. Three had partial aphonia, one complete; this one died.

When these last mentioned cases attempted to swallow any liquid, it was thrown back through the mouth and nose with violent expulsiv effort.

In the male Asylum, there were 23 cases and 6 deaths. None were inoculated, but 3 of the whole number had the disease mildly, and these were the three first attacked. The others had violent antecedent symptoms, and tedious convalescence. Five of those who died had the aphonia and difficult deglutition before spoken of, the other died of Phthisis.

In review of these facts much might be said. I have chosen, however, to give them as they occurred, without comments, leaving to the readers of the Journal, to estimate them at what they are worth; merely adding, *that if there is no advantage in inoculation, the result which the second column furnishes, would be a strange anomaly.*

ARTICLE IX.

A Family poisoned by eating a Gar. By Dr. W. Brooks, of Circleville, Illinois.

Amid the many and varied forms of diseased action the destructive ravages of which, the Physician is called upon to aid in counteracting, it is rare to meet with such a case as I am about to relate.

April 27, 1850, I was called at 1½ o'clock A. M., to attend upon a family residing in this village, said by the messenger to have been poisoned. I immediately hastened to their assistance, and on entering their apartments the scene that presented was one well calculated to elicit the sympathies of the most obdurate heart. There were no less than five persons suffering in all the agony that pain could inflict. I inquired into the cause and got the following history: A party had been on a fishing excursion the day before, and had been so unsuccessful as to return with nothing but what is vulgarly called a Gar, (a species of fish quite abundant in many of the

western rivers, which has a long pointed horny mouth like the shark, and a hard scaly skin.) The family being anxious for fresh fish, the Gar was skinned, dressed and par-boiled, it together with *the eggs* were then fried and served up for the table. The whole family partook heartily of the rare delicacy and admired the dish. At 11 o'clock in the evening they felt a burning sensation in the pit of the stomach, which was soon succeeded by vomiting, purging, and cramping, in their most aggravated forms. The pulse was small and frequent. Tongue somewhat swollen, with a red serrated margin, and a dark yellow fur along its centre. The matter ejected from the stomach was very green, and very offensive. Stools not dissimilar in appearance from those of a case of dysentery. Cold sweats, alternating with flushed and suffused countenance.

Treatment. I ordered a sinapism applied to the epigastrium, and administered the following: ℞ camph. 3grs., Flos. sulph. 3 grs. opii ½ gr. The first second and third doses were rejected as soon as they came in contact with the irritated stomach, the fourth was retained longer. I found that they were effecting some good, and persisted in their use, giving another as soon as the previous one had been ejected from the stomach. Within an hour from the time I gave the first dose of the above mixture, all of the alarming symptoms had, excepting one case, disappeared. I left orders for the powders to be given every two hours until I should see them again.

At 10 o'clock the same day, all better but the one that seemed most obstinate to manage in the morning. This Patient vomits and purges still, occasionally, with some fever, fured tongue, and offensive breath, complains of pain in the stomach and bowels. Prescribed cal. camph., and sulph. morphia in small doses every two hours.

28th. Found patient this morning in a comatose state, but had rested easy all night. Pulse hardly perceptible at the wrist, free from all pain, the surface of the body, hands and feet, very dry. Tongue slightly furred and a foul breath.

Prescribed cal. camp. and morphia, in order to procure an action from bowels, as there had been no evacuation from 4 o'clock on the previous evening. This to be followed by enemata should it be deemed necessary.

29th. Patient this morning suffering only from general prostration, put her on Dover's powders and quinine, and dismissed her as cured. I had neglected to say that my other patients were similar in most respects in symptoms and treatment to the one already described. The foregoing, peculiar and novel as it is, nevertheless is a true "fish story."

ARTICLE X.

History of Cholera in the vicinity of Victoria, Knox Co, Ill. By J. W. Spading, M. D.

In compliance with my promise, I proceed to give a history of the cholera as it occurred in this vicinity in the summer and fall of 1849. It was observed and commonly remarked by the profession, that there was an uncommon tendency to irritation of the bowels, accompanied with diarrhœa during the spring and summer. In fact almost every case of disease had the above complication.

In a colony of Swedes fifteen miles from here, the disease broke out in August, and the mortality was uncommonly great. Out of a population of about 250, there was 115 fatal cases in the course of two or three weeks. They were treated by one of the steam and pepper gentry, and he had excellent luck in running his patients into the ground, for not one recovered, and he pronounced the malady incurable. The above colony had frequent communication with the river towns where the disease was prevalent. In addition to this, a company of Norwegians arrived, by the Lakes, and Illinois canal, when the disease spread over them as with the besom of destruction.

On Sept 12th, I was called to see a Swede woman, (who had just arrived by the above route, and was stopping with a Swedish family two miles from this place,) and found her with a train of symptoms that satisfied me it was Cholera. Her disease was controlled, and in two days she was convalescent. On Sunday morning, Sept. 16th, I was called to see a young Swede man at the same place, and found him in the stage of collapse. He was taken that morning, and when I arrived he was cold, with profuse cold perspiration, no pulsation at the wrists, his eyes sunken to the bottom of the sockets, the skin of the face drawn tight over the bones, the hands very much corrugated ; the vomiting had ceased, but he was passing rice water from the bowels. The treatment was external warmth with frictions, cal. opii. camp., with stimulants. He continued to sink and died in the evening. Another man living at the same place was attacked on Wednesday, Sept. 19th, at 4 A. M., and died at 10 A. M. On Friday, Sept. 21st, the wife of the last was attacked, and died the same day. Two other Swedes at the same place were attacked but recovered.

The disease subsided until about the 10th of October, when on the arrival of some Swedes from the east, it broke out again, and a number of cases proved fatal. Being absent I cannot give you particulars. Only one American, however, died. I am not much of a contagionist, but must confess the above cases favor the idea that it originated in that way.

There has been but one case of cholera at the Swedish colony this season. A man returned from St. Louis and died with it without propagating the disease.

Part 2—Reviews and Notices of New Works.

ARTICLE I.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION, FOR 1850.

The proceedings of the meeting at Cincinnati in May last, were reported in the Journal for July; and reviews of two of the reports, those on "Medical Science," and "Practical Medicine," were published in our last issue, and it now remains for us to notice the other portions of the volume, which contains 499 pages octavo.

The Report on Medical Education, by Dr. Roby, Chairman, when presented was very severely criticised, and the opinions advanced condemned by some members of the committee who had not been consulted by the chairman, although he had sent it up with a request that it be laid before them before it should be presented. It may therefore be regarded as embodying the sentiments of the chairman alone.

After a rehearsal of the main features of the discussion on Medical Education as heretofore carried on by the Association and the profession at large, the report briefly examines the subject, under the heads of *Preliminary Education*, *Public Instruction*, and *The tests of admission into the Profession*.

The generally admitted fact that students in this country enter upon their studies without sufficient preliminary training claims an enquiry into the causes, which is made, with the conclusion that they are dependent upon the Profession, the Schools, and the Students themselves.

It seems to us, that one great difficulty in the way of improving the character and qualifications of those entering the profession, which has generally been overlooked, is the luke-

warm attachment of physicians to their calling; which leads them to speak slightingly and often disrespectfully of it. This will necessarily drive from its ranks, young men of high aims and qualifications.

If we would take pains to lay before the young men of liberal education, in our respective communities, the high claims which medicine, as a noble science and a useful art undoubtedly possesses, and the wide field it opens for investigation, with the opportunities and prospects it affords for high and honorable distinction, it would do more to call into our ranks such as are worthy, than all the tirades against ignorance in students, and denunciations against medical schools for admitting the unqualified, that have issued from all the reformers and all the conventions of our times. While we continue to dwell upon the dark side of the picture in our representations of the profession to the world, we will continue to drive from it those who alone can elevate it, and leave the field with all its richness to those of more humble aims, and more limited qualifications.

And in reference to the education of those who are designed by their parents and guardians for the study of Medicine, there is a most important error generally committed. However limited the means of the student, a thorough college course of academical instruction is commenced, in which one routine is too generally followed, whether to qualify for Medicine, Divinity, Law, Literature, or Commerce. And after two or three years of laborious study, devoted to the acquisition of the dead languages, (which are generally soon forgotten,) they are deemed highly qualified, and ready to take the first rank among students of Medicine. Now we submit that this time is mostly wasted, and that if spent in as systematic a course of training, in the study of the important facts and truths of natural science, with simply knowledge enough of the languages to enable him to understand the derivation and meaning of terms, it would give the student a preliminary education that

would do more toward qualifying him for understanding the principles of our science, and store his mind with facts that would aid him in his investigations, and continually be called into useful requisition in his subsequent practice.

As to public or college instruction for students, which contains some of the objectionable features of the report, the document does not seem to favor the wholesale charges of "school" badly situated, scantily officered, and meagerly equippesd, as heretofore made, and thinks if there are such, they should be pointed out. Allusion to the lengthening of the term of the college session in the "Model School," is also made, and a query instituted whether the amouut of instruction is increased or not.

An error in reference to colleges of Pharmacy, that called forth some criticism in the association, which made the statement that there were none in active operation, is corrected in the printed report, and an explanatory note appended.

The report only extends over eight pages of the volume.

Report of the Committee on Medical Literature by DR. STILLE, Chairman.

This is a well written document characterized by fairness, sound discretion, and an independent expression of opinion. Though from the extent of ground travelled over in a review of the Medical Literature of this country during a year, it could not be expected that all that might be worthy of consideration could be examined thoroughly, so as to be adjudged fairly; this report comes as near filling the design of the appointment of the Committee as could be expected, and is altogether the best one upon the subject that has yet been presented to the Association.

Thirteen pages are devoted to a notice of the Medical Journals, their merits and defects, with numerous suggestions on criticism.

Of the original books issued from the American Medical press during the year, the first volume of Dr. Drake's Treatise

is very properly regarded as the most extensive and important. A well merited compliment is paid to the author's research, learning, and ability, as displayed in this great work.

The other original works noticed are, "The Physician and Patient," by Worthington Hooker M. D., of Conn. "Baths and the Watery Regimen," by John Bell M. D. "The Universal Formulary," by R. E. Griffith, M. D. "American Medical Formulary," by J. J. Reese M. D. "Minor Surgery," by Dr. Hastings, and "The Diseases of Infants," by Dr. Churchill.

After general considerations of the importance and nature of literature, the subject of copy rights, individual and international, is pretty fully discussed.

The report closes by the following resolutions.

Resolved, That the Association regards the cultivation of Medical Literature as essential to professional improvement, and as adapted to form one of the broadest lines of distinction between physicians and all pretenders to the name.

Resolved, That, in the opinion of this Association, it is equally the duty and the interest of the profession to sustain its periodical literature both by literary contributions and subscription.

Resolved, That, since literary excellence is best developed by literary studies, the formation of Medical Reading Clubs, after the plan set forth in this report, is urged especially upon physicians in places where the periodical and other medical publications of the day are not readily accessible upon other terms.

Resolved, That the Standing Committee on Medical Literature be instructed to report to the Association at its next meeting what American medical work, published during the year of their service, in their judgment is the most valuable, and that, with the consent of the Association, such work shall be formally proclaimed by the President.

Resolved, That State and local societies are hereby recommended to offer pecuniary rewards or other distinction for the best memoirs founded upon original observation.

Resolved, That Medical Colleges are hereby recommended to distinguish the best inaugural thesis of every year by a public announcement of its subject, and the name of its author, and by such other names as they may deem appropriate.

Resolved, That the sum of ONE HUNDRED DOLLARS, raised by voluntary contribution be offered in the name of this Association for the best *experimental* essay on a subject connected either with physiology or medical chemistry, and that a committee of seven be appointed to carry out the objects of this resolution; said committee to receive the competing memoirs until the first day of March, 1851; the authors' name to be concealed from the committee, and the name of the successful competitor alone to be announced after the publication of the decision.

Appended is a table of original articles of interest published in American Journals during the year.

The report of the Special Committee appointed to consider the means of improving our Medical Literature suggested in the report on Medical Literature for 1849, of which Dr. W. E. Homer was Chairman, closes with the following,

"*Resolved*, That in the opinion of this Association the only legitimate means within our reach for the encouragement and maintenance of a National Medical Literature, are to increase the standard of preliminary and professional education required of those who would enter the medical profession; to promote the circulation among the members of the profession of the medical journals of the day; to encourage the establishment of district medical libraries, and to induce every practitioner to cultivate, with care, the fields of observation and research that are within his reach."

Next follows the Memorial of the Association to Congress on the subject of an international copy right law as reported by the special Committee appointed for the purpose, composed of Drs. George B. Wood and Isaac Hays of Philadelphia. It is well drawn up and presents to Congress one of the most important measures that have claimed the attention of the Association. As showing the position of American Authors at present, and the necessity of a change of this condition, we quote the following paragraph:

"As the law at present stands, British literary works may be published in this country without any compensation to their authors. It is obvious that American works, supposing them to be of the same grade of merit, in order to compete

with those from abroad, must be published on the same terms. The American author, therefore, can expect no compensation for his labors, unless these are better in themselves, or better fitted to our peculiar wants than the British. Thus, not only is our native literature without encouragement; it is really discouraged; and in the present state of the law, American authorship can never flourish, as it ought to do. We afford to the world the example of a nation repressing the struggles of its own aspiring literature; of a nation doing what best it may to nip in the bud those energies, which, if allowed to expand into full bloom, would do more than can be done by any other means to set off, in the eyes of the world and of posterity, its substantial greatness."

The Reports of the Committee on Publication and of the Treasurer follow.

Report of the Committee on Public Hygiene, Dr. JOSEPH M. SMITH, Chairman.

This is mostly devoted to a consideration of the causes of Typhus Fever.

The conclusions of the Committee appear to be that this disease originates in the poisonous effects of the excretions of the body, mostly from the skin and lungs; when concentrated, from persons in health, but more particularly from those affected with the disease.

Appended to the main report are two lengthy and well drawn up papers; one by Dr Edward Jarvis on the Sanitary Condition of Massachusetts, and the other by Dr. J. C. Symonds on the Hygienic Characteristics of New Orleans.

The paper by Dr. Jarvis, especially, is full of interest, and but for the want of space should receive an extended notice. From it we learn more fully the great importance of laws for the registration of births, marriages and deaths, in acquiring correct information of the sanitary condition of different localities.

As illustrative of this we quote two passages which give some idea of the kind of information that might be gained were such laws in force generally in this country. By a cor-

rect knowledge of the mortality from the various diseases in each district of country, much might be done to ascertain the causes and to avoid or remove them.

From an examination of the deaths in the cities and country in New York and Massachusetts Dr. Jarvis concludes that

"The diseases connected with respiration are much more prevalent in the country than in the cities of both States; being in Massachusetts an excess of thirty-two per cent., and in New York twenty-eight per cent, of the pulmonary diseases that are not of the endemic or epidemic class. *The difference in favor of the cities in respect to Consumption is still greater.* The deaths from this disease were thirty-eight per cent. more in the rural districts of both States than in Boston and New York."

This result is contrary to the general opinion.

But when better facilities are offered for investigation the conclusions are more important and correct. This is illustrated by the following:

"The sanitary inquiries made in England and France have discovered very great inequalities of life and health among people of different classes, and in different conditions. Thus, according to several tables in the 'Report on the Sanitary Condition of the Laboring Classes of England and Wales,' prepared by Edwin Chadwick, Esq., of London, in the families of the

Prosperous classes	1088	died at an	average age of	42.6	years.
Middling classes	4791	"	"	29	"
Poor classes	19,849	"	"	20.4	"

In the families of the more comfortably situated, only 20 per cent. died under the age of five years; while among the poor, fifty per cent. of those who died had not passed that age.

Among the prosperous, 46 in every 100, and among the poor only 8 in 100, lived to their 61st year.

I have had an opportunity to make some limited inquiries in this State relative to the life and mortality of the various classes of people; and these have led me here to the same results as Mr. Chadwick reached in England: that, wherever there is a diversity of outward circumstances, there is a di-

versity of vital force, a difference of health and of longevity; that external poverty is but a sign of inward poverty, of a weak body and feeble mental and moral power; and that, generally, what the world calls poverty, the want of estate, or destitution, is not a thing of accident, or of external circumstance, but it grows out of the man, and is a necessary consequence of the quantity of vital force that belongs to him —to his body and to his mind."

The Report on Adulterrted Drugs &c by Dr. HUSTON which follows is a very valuable document; showing that although we have stringent laws now in force regulating the foreign importation of Drugs &c., there is yet something necessary to prevent the knavery of their adulteration and sophistication in this country.

As of especial interest to our readers in the West, we quote the conclusions of the Committee and heartily recommend the suggestions to their consideration.

"Extensive inquiries among physicians, manufacturing chemists, and druggists have led to the following conclusions:—

1st. That the wholesale druggists in the large cities, equally in the South and West as in the Eastern States, who are not specially engaged in selllng nostrums, either as proprietors or agents, conduct their business on fair and honorable principles. As a general rule, they buy their choice chemicals from those who manufacture them, and either import other articles, or get them directly from those who do, and are always disposed to supply good articles to customers who are willing to pay a remunerating price. At the same time, many of this class keep inferior articles, which they dispose of for a corresponding price to physicians and storekeepers who insist on buying at reduced rates.

2d. That the inferior and adulterated drugs are chiefly disposed of in the southern and western portions of the United States—to the physicians and people residing in the small towns and villages, and sparsely populated districts. That in the large cities, particularly in the Atlantic States, bad drugs are, as a very general rule, dispensed only by inferior apothecaries.

There is ground to hope that we shall hereafter be protected from the introduction of spurious drugs from abroad; and,

if effectual means can be devised to prevent their sophistication and sale at home, a great boon will be conferred on the community. It is not probable that this can be fully accomplished; but the evil may certainly be very much limited. How shall this be done? Various plans have been suggested, of which the following may be considered as the most important:—

1st. To apply to the State Legislatures to pass laws authorizing the appointment of inspectors, and making it a penal offence to deal in adulterated drugs and medicines.

It is difficult to understand why fraud in the manufacture and sale of medicines, which have so important an influence on the health and lives of the people, should not be punished with the same severity as debasing and counterfeiting money, which merely affects their pecuniary interests. The past history of State legislation, in relation to the practice of medicine, affords little hope, however, that any salutary laws on this subject can be procured in many or all of the States of the Union; and without a general concurrance of action, no good will be accomplished. It is to the members of our own profession, therefore, in conjunction with the respectable druggists and apothecaries, that we must look for whatever reformation is to be accomplished.

2dly. It has been suggested that physicians should feel it to be their duty to inspect the medicines in the drug stores from which they are in the habit of obtaining supplies for themselves or their patients. This would exercise a wholesome influence, if submitted to by the apothecary, and frequently performed by the physician, neither of which, however, is very probable. A more effectual plan, because of its being more likely to be carried out, would be for the various State Medical Societies annually to appoint a board of examiners, who should procure samples of different articles from the drug stores within their limits, analyze and otherwise examine them, and publish the results. If this were impartially and skilfully done, it would excite the ambition of the meritorious and control the less scrupulous.

Properly to carry out this plan, as well as for their own security in making purchases, physicians should become better acquainted with the physical character of drugs, and be able, with the assistance of a good treatise on Chemistry, to analyze the various chemical articles recognized in the Pharmacopœia. The requisite apparatus for this purpose, which

need not be costly, should be in every physician's office, and good specimens of the various articles of the materia medica, with samples of the inferior or adulterated. This is especially desirable in offices into which students of medicine are received.

3dly. The co-operation of the druggists and apothicaries in discountenancing and putting down the traffic in inferior and adulterated medicines should be solicited. For this purpose, they should be encouraged to institute pharmaceutical associations in every considerable town throughout the country, which, more than anything else, would tend to elevate the professional and moral standing of their craft. Men who are in the habit of meeting together for laudable purposes are far less liable to plunge into bad practices than the isolated being whose better feelings are not warmed by association. The establishment of such societies has always been salutary. In Philadelphia, the institution of the College of Pharmacy, with its cabinets, its lectures, and excellent quarterly Journal, which is published regularly, has raised the character of the apothecaries to an enviable hight; and in the city of New York, where a like organization has been more recently formed, similar effects are observable.

4thly. In making their purchases of medicines, physicians should be willing to pay fair prices, and be careful to procure them only from the most respectable druggists. Men of this character, selling in large quantities, never demand exhorbitant profits, and it is not to be expected that they will sell good articles at a loss."

The report on *Indigenous Medical Botany*, Dr. IVES Chairman, is made up of two papers. One by Dr. Ives on the virtues of Isnardia palustris, Senecio aurens, Neottia pubescens, Cypripedium, Cornus circinata, Cornus florida, and the Epigra repens.

The other by Dr. Frost is made up of "Extracts from Dr. Barratt's notes on the Indigenous Plants of Abbeville district, S. C. The report altogether is brief but contains some useful facts and suggestions.

The Report on Surgery by Dr. MUSSEY, Chairman, is a very full account of the important suggestions, facts and operations that have transpired in this country during the year.

It is a model of what we conceive such a document should be, giving all that could be collected, that was deemed worthy by the author.

It extends through sixty pages of the report and is too multifarious in its topics to admit of analysis in our pages. Appended to it are three papers on Anæsthesia, one by Dr. J. C. Warren, one by Dr. S. D. Gross, and one by Dr. W. L. Atlee, and a paper on operations for the cure of Cancer by Dr. J. C. Warren.

In an appendix to the volume are, a paper read before the Association by Dr. N. S. Davis which was given to our readers in the last number of the Journal. A paper read before the Association by Dr. J. Evans on "The Obstetrical Extractor." "A Brief Notice of some of the Physicians of the U. S. who have died within a few years; by Dr. Stephen W. Williams," and a "Catalogue of the Officers and Permanent Members of the American Medical Association." E.

ARTICLE II.

Southern Medical Reports, Edited by E. D. Fenner, M. D., of New Orleans, Volume 1st, 1849.

(CONCLUDED.)

Our notice of this volume in the last number of this Journal was confined exclusively to those papers which related to the Topography and Meteorology in connection with the diseases of particular localities. Two papers of the same character remain, which were not particularly noticed in the previous number. The first purports to be a "General Report on the Topography, Meteorology and Diseases of Jackson, the Capitol of Mississippi, by S. C. Farrar, M. D.," and the second, "Report on the Topograpy of San Antonio, and the Ep-

idemic Cholera that prevailed there in the spring of 1849, by J. J. B. Wright, Surgeon U. S. Army."

The Topographical part of Dr. Farrar's paper, is comprised in little more than one page and a half, furnished to him by his friend Rev. A. Morris. Following this is a Meteorological table obtained from Mr. and Mrs. Oakley, Principals of the Oakland Institute, and nearly two pages of "*observations*" on the weather of each month. The following are specimens of these observations, viz:

"February.—A few of the earlier days of this month were so genial, that butterflies came out, and mocking birds began to sing. Then on the 19th the thermometer fell to 19 deg. This killed peas and many other early vegetables."

"June.—Gave a continuation of the showery cloudy weather of May. The whole quantity of rain was not exceedingly great, but falling on fourteen different days it produced much inconvenience to the planter."

There is no mention made of the diseases which prevailed during each month, as influenced by the meteorological changes, or the special Topography of each locality; but all the references, whether to soil, water, or air, are so general as to admit of no practical application. Indeed, for all practical purposes, the whole of this part of Dr. Farrar's paper, might as well have been omitted. In this respect Dr. Wright's paper is still more defective. The following is the sum total of his account of the Topography of San Antonio.

"The city of San Antonio is situated in the midst of a valley, of unequal dimensions, through which, in a general direction runs the serpentine river of that name, having its origin in several beautiful springs four or five miles northeast of the city. The Rio San Pedro also takes its rise in a spring two miles north of the town, and running in a direction nearly parallel with the San Antonio, it skirts the city on its western border, and forms a junction with the latter two miles below the city. A large portion of the town is in proximity to San An-

tonio, in some parts of its course as it runs west and south, and west again, and in its meanderings leaves the precincts of the city, pursuing a course east of south. The San Antonio is a rapid stream, having a celerity of three or four miles an hour, varying in depth from three to six or seven feet, and averaging fifty feet in width.

The San Pedro is less by one half than the San Antonio, but resembles it in the qualities of its water, and in general character. The river water is pretty strongly impregnated with lime, but is agreeable to the taste, and is almost exclusively used for culinary purposes and all other purposes. Stories were told and got admission into the newspapers, representing the water as having acquired a fœtid smell, and changed appearance during the prevalence of the epidemic. This statement seems founded in error, at least the alleged fact is not in accordance with my observation, and a constant and exclusive use of the water authorizes me to speak positively on the subject. The superstratum included between the rivers, and comprising the limits of the city, consists of a dark rich mould, vegetable debris, with large admixture of disentangled limestone, rendering the mud after rains almost as viscid as bird-lime.

It is remarkably fertile when well watered, but without irrigation in seasons of drought, the surface acquires a stiffened exsiccated condition, which unfits it for cultivation, Almost the only rock in the vicinity of San Antonio, consists of rotten and fossiliferous lime-stone, much of which has become disintegrated on and near the surface, rendering the soil in some places almost incapable of sustaining vegetable life."

We have thus quoted the whole of Dr. Wright's remarks on Topography, first, because it serves as an example illustrating the *general* and *indefinite*, and consequently valueless, characacter of too many such reports; and second, because without the report itself before them, our readers might deem our subsequent remarks unjust or hypercritical. When we find a

paper headed, "Report on the Topography and Diseases" of any given locality we very naturally look for such an exposition of the former, as will show its influence, direct and indirect, on the prevalence, specific character, and results of the latter. To this end, we must be informed, first, of the surface of the district included; its altitude both absolute and relative to surrounding districts; the water resting on it, whether moving or stagnant; the depressions and elevations, and their character for dryness or moisture; second, the composition of the soil, sub-soil, and underlaying strata of rocks; the relative position of such strata in reference to their permeability to water, thereby showing whether the surface water readily drains off, or is retained by horizontal strata of rocks or tenacious clay, until re-evaporated into the atmosphere, carrying along with it, perhaps, more or less deleterious matter from the soil; third, the qualities of the water, both that naturally found in the soil, and that used by the inhabitants; and also whether such qualities vary with the varying temperature of the seasons; fourth, the number, character, and habits of the inhabitants; their positions relative to standing waters, low grounds, prevailing winds, &c.; and if a city is included, we must be informed in regard to the houses and streets, in reference to cleanliness, ventilation, drainage, and light; and fifth, the comparative prevalence and severity of particular diseases, in special localities or streets; among particular classes of the people; and at particular seasons, having reference to cold, heat, dryness, winds, character of food, water, &c. With such information before us, we can judge of the influence of local causes on the prevalence and character of diseases—a subject of the greatest importance and most intense interest; a subject indeed, which must be carefully and most patiently studied, not in loose generalities, but with the greatest minuteness, before etiology can be stripped of its present vagueness and made to approximate a satisfactory degree of clearness and certainty. The reader will see, however, that Dr. Wright

has entered upon no such exposition of the Topography of San Antonio. He has not even told us the *number* of its inhabitants, much less their habits and modes of life; nor in the subsequent part of his paper, has he made even a remote allusion to the influence of any local conditions or circumstances, on the developement and character of the diseases of which he speaks. Very nearly the same remarks are applicable to the paper of Dr. Farrar, and indeed to all the others in this volume, except those of Drs. Pendleton and Fenner. We will not characterize all such reports as entirely useless in their relation to Medical Topography, but we must style them very unsatisfactory, and unworthy the name they bear. But we shall look to Dr. Fenner's project, in publishing an annual volume of original papers, with no little expectation of seeing it produce a marked improvement in this respect.

The papers to which we have now alluded, as containing more or less of Topography and Meteorology, make up about one third of the entire volume. Of the remaining papers five are devoted to the consideration of Epidemic Cholera, written by Drs. C. H. Stone of Natches, C. S. Magoun of Natches, Lewis Shanks of Memphis, N. S. Jarvis of Texas, and the Editor, Dr. Fenner of New Orleans. These papers make up seventy-eight pages, and though interesting and valuable, as embodying the opinions and experience of individuals, yet we find nothing in them in relation to the causes, pathology, or treatment of that dreaded pestilence which has not already found its way into the Medical Journals, and been extensively distributed through the profession.

Indeed, the papers before us present the usual diversity of views in regard to all these points. Yet their differences are more apparent than real, relating more to the detail of means for the accomplishment of certain objects, than to the objects themselves. It is true that some like Dr. Wright, of the U. S. Army, distrust the utility of all medicine, and declare, as they allege, "in a spirit of honesty and candor, that I, (they,)

very much doubt, in the language of Prof. Watson, 'if the aggregate mortality from Cholera, (fully developed) was in any way disturbed by our craft.'"

The following remarks of Dr. Fenner on this point, are so just, and so well calculated to inculcate right feelings, and encourage right action, that we quote them at the risk of being tedious. He says:

"We are not among those who admit they *know nothing about cholera or its remedies.* On the contrary, we contend that the profession knows a great deal about both. We do not know what the *remote cause* of cholera is; neither do we know what are the *remote causes* of fever, dysentery, measles, &c.; but we are well acquainted with the *effects* of all these causes. We know how cholera attacks people, how the disease progresses in its destructive march, how it terminates in convalescence or death; and also what remedies will cure the great majority of cases, if applied judiciously and at the proper time. Is all this knowledge worth nothing? If so, we had as well confess our ignorance of all diseases, and, with folded arms, resign ourselves and the community to *inexorable fate!* But it is not so. Our Omnipotent and Merciful Creator has not left us in this helpless and powerless state. * * * There can be but little doubt that at least *eight tenths of the victims of cholera in New Orleans have died unnecessarily;* i. e., they have been lost on account of their neglect of the plainest dictates of prudence and common sense. Ought this to be charged to the discredit of the medical faculty? Or ought we to confess that so many people have died of cholera because we did not know how to treat the disease? Certainly not. We do know how to treat it, and as the best evidence of the fact, we have seldom failed to cure our patients, if called in before they are *beyond the curable stage.*"

These sentiments fully accord with my own experience during two successive years of practice in the treatment of epidemic cholera. Thus, during the past summer and autumn

96 well marked cases of cholera occurred in my private practice, a majority of whom were among our Norwegian and Swedish populations. Of these 96, *twenty-four* died. Of these 24, *eleven* were in complete collapse, I might say, in *articulo mortis*, before medical aid was either sought for or obtained. *Five* others died from consecutive affections, occasioned by neglect or marked imprudence; leaving only *eight* deaths under fair and reasonable opportunity for treatment. And such will always be the result when judicious and rational means are faithfully applied at any stage of the disease, prior to that loss of capillary action and organic nervous sensibility, which render the system incapable of receiving the impressions of medicinal agents. But in all populous communities, there are thousands who never think of sending for medical aid until they have exhausted a list of *nostrums*, or spent the whole curable period of the disease in *toping whiskey* or *brandy*, and then because the physician can do little else than arrive in time to see them die, it is gravely concluded that he knows little or nothing about the disease. A conclusion as absurd as it is discouraging to all rational inquiry. Time and space however, admonish us to hasten on. The remaining papers of most interest to the profession, are: "Special Report on the Fevers of New Orleans, particularly the Yellow Fever of 1849, by the Editor." "Reports on the origin and sanitary condition of the Orphan Asylums of New Orleans and La Fayette." And, "Observations on the Fever which is developed in the City of Charleston, after exposure to the country air, during the summer and autumn, and hence called country fever, by Thos. Y. Simmons, M. D." This last paper is one of much interest. It was first published in the Charleston Medical Journal and Review for Sept. 1849, and has consequently been sometime before the profession. The other two appear for the first time in the volume before us, and are not only interesting and important, but must be read throughout to be properly appreciated. The Orphan Asy-

lums alluded to in the second paper, are the Poydras Female Orphan Asylum; the New Orleans Female Orphan Asylum; and the Male Orphan Asylum of La Fayette. The first contained at the time of the report about 150 children, and though a protestant institution, its benefits are extended alike to all classes; the second is under the care of the Sisters of Charity, and numbers about 200 inmates. While the cholera was raging violently in the city and the immediate vicinity of the Asylum, the attending physician directed special attention to the diet of the children, and caused each to take a small quantity of a solution of common table salt every morning. No case of cholera originated in the institution during the year.

The Male Orphan Asylum was founded in 1824, and contained at the close of the year 1849, eighty-six boys. Thus making a total in the three asylums of 436. These institutions seem to be admirably managed, and are truly an honor to their generous founders and patrons. To the practical reader, perhaps no part of the whole volume is more interesting than Dr. Fenner's paper on the Fevers of New Orleans. Contrary to the generally received opinions of the profession, Dr. Fenner denies the *sui genius* character of Yellow Fever, and regards it simply as a variety of the ordinary Intermittent and Remittent forms of Fever. Thus he says: "Cases are seen every sickly year, commencing as intermittent or mild remittent, and wanting those strongly marked diagnostic symptoms which have been said to distinguish yellow fever, yet which, if neglected or mal-treated, terminate in *hemorrhage* and *black vomit*. In these cases, the advocates of the *specific* character of Yellow Fever, contend that the patients contract a *new* and *different* disease; but we think improperly. *We believe it is all the same disease, differing only in grade and stage.*" Again he says: "Seeing then that all the forms of idiopathic fever met with in this locality, *prevail together*, and are frequently seen to *interchange or run into each other*, we are irresistably led to the conclusion that they are merely *modifications of disease*

springing from one and essentially the same general remote cause. * * * * Our position is, that yellow fever is only one of the forms of endemic fever, (malarious if you will,) which derives its characteristic features from the locality and attendant circumstances where it prevails. The fevers of the country cause death by inflammation of the brain, or the gastro-intestinal canal, or by that strange lesion of the nervous system which is called congestion. The fevers of the city produce such an alteration of the blood and the solids as leads to fatal hemorrhage and jaundice." These views of Dr. Fenner accord very nearly with those promulgated by Dr. Rush, and are entertained by a few of the ablest members of the profession both in Europe and America; and we have little doubt of their correctness. Indeed, we are more than half convinced that the same comprehensive view of all the parts in relation to ordinary cholera morbus and epidemic cholera, will lead to the conclusion that they bear the same relation to each other, as is here set forth in regard to intermitting, remitting and yellow fevers. We think there is far too great a tendency in the profession to look after distinct unrecognized and unrecognizable or supposititious remote causes, instead of investigating with patience and accuracy the *local* influencies and agencies which modify, and often control the most malignant forms of disease. In regard to the *treatment* of yellow fever, Dr. Fenner is a strong advocate of what he terms the "*abortive method of quinine.*" He says: "When called to a case within twenty-four or thirty-six hours of the attack, we seldom failed to cut short the fever by *large doses* of the sulphate of quinine in combination with opium or morphia, frequently followed by a little blue mass or calomel. Our usual mode of proceeding in this stage is, to order at first, a hot, mustard foot bath, and a purgative enema—then give to an adult 20 or 30 grains of quinine, with 25 or 30 drops of laudanum, or one or two grains of opium, or the fourth of a grain of sulphate of morphia, *at one dose.* This would generally re-

duce the vascular and nervous excitement completely in a few hours, throw the patient into a profuse perspiration, relieve all pain and produce sleep. The bowels were kept open by some gentle means, and more or less quinine was repeated as occasion required. We recollect of but one fever patient that required cupping, and we did not have a single one bled from the arm." It will be remarked that this treatment has reference to the early stage of the disease. "In the advanced stages," says Dr. Fenner, "it is altogether a different affair—*organic lesions have then taken place and the blood is altered.*"

There is one other paper in this volume of high scientific merit and local interest. It is entitled "A chapter on the Hydrograpy of the Misssissippi River, by Caleb G. Forshay, A. M., Civil Engineer." It does not, however, come within our province to analyze it. We have now glanced over the contents of this first volume of the Southern Medical Reports, and though we have found some fault with the character of some of the papers contained therein, and might justly have found more with the style of others, yet we deem it a most valuable volume, and we commend the enterprise of its able Editor to the patronage of the whole profession. N. S. D.

Chicago, Feb. 25th 1851.

ARTICLE III.

Anniversary Discourse before the New York Academy of Medicine. By JOSEPH M. SMITH, M. D., 56 pp. octavo, 1851.

Introductory Address delivered before the Students and Trustees of the New York Medical College. By HORACE GREEN, A. M., M. D., President of the Faculty, and Prof. of Theory and Practice of Medicine. (From the author.)

Introductory Address to the Class of the Pennsylvania College, session, 1850-51. By WASHINGTON L. ATLEE, M. D., Prof. of Medical Chemistry. (From the author.)

The discourse of Dr. Smith is devoted to the consideration of the peculiar mental phenomena of the soldier, and is rich in historical reminisences illustrating the subject. Striking incidents in the lives of celebrated warriors, that class of men who have in all ages claimed the largest share of public consideration, could scarcely fail to interest; and as these are judiciously introduced to show the different mental conditions of the soldier under varied circumstances, the author has made a very interesting discourse.

The lecture of Dr. Green was given at the opening of a new Medical College in the City of New York, and will be generally regarded with interest, as laying down the course the new school has proposed to pursue. With the finest building of any Medical School in the great State of New York, and a faculty embodying much talent and energy, and the regular and systematic course proposed by Dr. Green, the N. Y. Medical College can scarcely fail of a successful career.

The lecture of Dr. Atlee is well conceived, being advice to those entering upon a course of instruction in the institution; giving them rules for their guidance in the acquisition of the knowledge they seek, and sound admonition in reference to the dangers of yielding to the temptations to immorality; and commending the beauty of principles of virtue and piety combined with learning and skill in the profession. E.

ARTICLE IV.

The curability of Consumption, considered in reference to a new method of ascertaining the healthy or diseased condition of the Lungs, &c. By M. MATTSON, M. D., Fellow of the Massachusetts Medical Society &c., Boston. (From the author.)

This is a pamphlet of 16 pages, reprinted from the Boston Medical and Surgical Journal. It treats of the nature and uses of the *Spirometer* as a means of detecting diseases of the lungs; giving the laws of its use proposed by Dr. Hutchinson of London, who is the discoverer of some of the relations of the capacity of the lungs to disease, and the inventor of this instrument for measuring that capacity, by measuring the air expired. It also treats briely of the principles of cure of consumption, referring to the ætiology and pathology of the disease. It is a very interesting paper. We shall refer to the subject again on another page, by quoting Prof. Jackson's clinique.

ARTICLE V.

Ranking's Half-yearly Abstract of Medical Science, for December, 1850.

This excellent compend of Medical Science, comes to us regularly, and is always welcome to our table. It is one of the most valuable medical publications of the times; giving a synopsis of the departments of the profession, well collated and concisely reported for each succeeding six months.

It furnishes about six hundred pages of closely printed matter annually, and is furnished by the republishers, (Lindsay & Blackiston of Philadelphia,) for the low price of one dollar and fifty cents.

Part 3.—Selections.

ARTICLE I.

THE SPIROMETER.

The following clinical remarks of Prof. Jackson, of the University of Pennsylvania are interesting, as elucidating a new and as we believe most important means of Diagnosis in diseases of the lungs. E,

Medical Science finds, in almost every department of knowledge, some portion of its facts or laws applicable to itself, and lays them under contribution for its own advancement, or the augmentation of its resources.

The introduction of physics into the practice of medicine, applied to the diseases of the thoracic organs, belongs to the present time, and is the most valuable improvement that has yet been made in the diagnosis of disease.

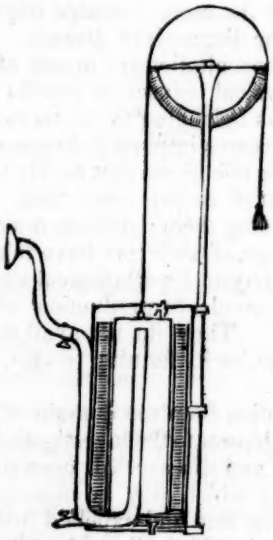
Percussion and auscultation are means of ascertaining and interpreting the physical causes of sounds which can be determined by them as belonging to the thorax and its contents.

Skill in these processes imparts a degree of certainty to the diagnosis of thoracic affections, that nearly reaches perfection; it almost equals that of ocular inspection. There is, however, this defect attending them; disease must have made some progress, and change of structure have taken place to a certain extent, before physical pathological signs, that is, alteration in the normal sounds, or production of abnormal sounds would be produced. They do not avail us in indicating the approach of disease, or its forming stages, except to a very limited extent.

Another contribution from the domain of physics has been made, by Dr. Hutchinson, to the investigation of the respiratory functions in health and disease. It consists in an instrument he has invented. by which may be measured the amount of air that can be taken into and expelled from the lungs by voluntary effort; or what he calls "the vital capacity" of the lungs. By this instrument Mr. Hutchinson believes that incipient disease may be detected before physical signs exist. This instrument he names spirometer.

On the table is an instrument of the kind. It is simple and less expensive than that of Mr. Hutchinson. It was planned by a gentleman of this city, Mr. Charles McEuen, who has been confined to his room for some months by a pulmonary affection; possessing an active mind, with a turn for philosophical pursuits, he occupies his time in scientific observations and investigations. I gave him Mr. Hutchinson's paper, published in the Medico Chirurgical Transactions, containing a diagram of his instrument. Mr. McEuen constructed the instrument now before you on the same principles. I think it preferable to the original.

The instrument will be seen to consist of a cylinder co taining water, in which is immersed another cylinder inverted into which the expired air finds its way. This cylinder is counterpoised by a weight attached to a cord passing over a wheel of large diameter, and which rotates with the ascent of the cylinder, caused by the entrance of the expired air, and on which a scale indicates the amount that has been introduced.



The person using this instrument must loosen any part of his dress that may restrain the movements of the chest or ab-

domen. He then deliberately expands his chest to its greatest extent, and expires through the mouth piece and air-tube into the cylinder. As this rises the wheel turns round, and an index marks on the scale, in inches, the amount expired.

To understand the use of this instrument, it is requisite you should possess some preliminary information on the respiratory actions, and to what extent they influence the air in the lungs.

Inspiration and expiration are performed by muscular power, and are both voluntary and involuntary actions. The extent to which they may be carried varies in different individuals, and in the same individual at different times. They have a limit which cannot be surpassed; the lungs can never be emptied, by the most strenuous efforts of expiration.

The air in the lungs is, therefore, divisible into two portions. The first, which is a fixed quantity, is that over which the will has no control, but remains after the strongest expiration, and is contained in healthy lungs after death. Its amount must correspond with the size of the thorax. Mr. Hutchinson calls this the residual air.

The second portion is that which is controlled by the will and muscular action. This portion Mr. Hutchinson divides into three sub-portions. 1st. Reserve air, or that portion which, after an ordinary expiration, may still be thrown out by a voluntary effort. 2d. Breathing air, or the portion inhaled and exhaled in ordinary breathing, when at rest; and 3d. Complemental air, or that portion that can be inhaled, by the strongest effort, beyond the amount of ordinary inspiration.

The three last are included in, and designated by the term "Vital Capacity." It is, in fact, the highest effort of the muscles producing respiration. The spirometer measures the "vital capacity" of an individual, and, it appears to me, is the measure of the muscular respiratory power.

Mr. Hutchinson was struck with the fact, that the vital capacity had no relation to the size of the thorax. On the contrary, he found, by experiment, that persons of the largest thorax possessed a less vital capacity than others with chests much smaller.

In the course of his observations he remarked that there appeared to prevail a very close relation between the height of individuals and their vital capacity. This circumstance was the more strange and unaccountable, as height depends most commonly on the length of the lower extremities, and not on that of the chest or trunk alone.

From observation made on a large number of individuals, taken indiscriminately from various classes of society, amounting to 2150, he arrived at the conclusion, that the vital capacity is a constant quantity, and holds a close relation with the height.

From the result of direct examination, in near 2,000 cases, Mr. Hutchinson felt authorized to announce the following rule, "For every inch of height (from 5 feet to 6 feet) eight additional cubic inches of air, at 50° are given out by a forced expiration."

He further states, "here is a guide for the operator, and a rule given that will enable us to compare men of different statures and conditions of health, one with another."

If this result should be found accurate, the spirometer would be unquestionably a most valuable addition, to aid the physician in deciding the state of health in many cases, that are, by our common mode of examination, enveloped in great uncertainty.

The following table shows the relation between height and vital capacity:

Height.				Total Capacity.
Ft.	In.	Ft.	In.	Cubic inches.
5	0 to	5	1	174
5	1 to	5	2	182
5	2 to	5	3	190
5	3 to	5	4	198
5	4 to	5	5	206
5	5 to	5	6	214
5	6 to	5	7	222
5	7 to	5	8	230
5	8 to	5	9	238
5	9 to	5	10	246
5	10 to	5	11	254
5	11 to	6	0	262

Before making any further comment on the rule laid down authoritatively by Mr. Hutchinson, I will test by the instrument the vital capacity of some patients affected with pulmonary disease, who are now present.

(Several patients, cases of chronic pleurisy, phthsis pulmonalis in various stages, and emphysema, were tested, the height and age being first ascertained.)

They vary, you perceive, from 80 to 120 cubic inches ex-

pired. Not one of the above patients approaches to the normal vital capacity, in accordance with his height and age.

They are from 80 to 200 cubic inches below the standard according to the table.

I must confess that I have some misgivings as to the accuracy of this rule, and cannot but suspect that another element than that of height regulates the extent of vital capacity, and that element is the muscular force of the respiratory muscles.

I express this only as a suspicion. The extent of Mr. Hutchinson's inquiries, the evident care, labor and conscientiousness with which he pursued his investigations, entitle them to the highest consideration, and they should not be lightly questioned.

But, in a considerable number of examinations I have made on healthy individuals, of the same height and age, with slight difference of weight, there is manifest such wide difference of vital capacity, that I cannot but hesitate in adopting the rule as universally applicable.

I have, for instance, examined, within 24 hours, three gentlemen in perfect health, one a member of our profession, who have all been and are engaged in active pursuits. They are, respectively, 5 feet 11 inches, 5 feet 11½ inches, and 6 feet in height; the vital capacity of the first two is only 170 cubic inches, and of the last 190 cubic inches. According to Mr. Hutchinson's table they ought to have a vital capacity of 250 to 260 cubic inches.

Now, these gentlemen have a peculiar, and I may say, an American conformation. I am under the impression it is not common in England. They are tall, long limbed, thin, with very slender muscles.

The highest vital capacity I have met with, as yet, is in a young gentleman 5 feet 8 inches in height, in whom it is 280 cubic inches. He is of sanguine temperament, large, bony framed, and with well developed muscles. So far as about 100 observations have been made, I have not found that uniform relation, as stated in the rule, between height and vital capacity. The differences from 20 to 100 cubic inches, are too great to be attributed to accidental circumstances. The individuals I speak of are all in high health.

More numerous and extended observations are, however, required, before a positive conclusion on the subject can be justified.

It has occurred to me that the discrepancies between Mr.

Hutchinson's statements and my own observations, should they be confirmed by more numerous experiments, may depend on differences of race. The English are far more homogeneous than the Americans. In this country races are mingled, and continue to be more blended every day. As a race the English are bony, muscular, sinewy. Experiments with the Dynamometer have shown that they possess a superiority of muscular force.

In a homogeneous population the average height and weight would be in accordance with an average developement of the muscular system. But in a mixed population the same rule would not apply.

I believe there can hardly be a question as to the very marked difference in the general aspect and structure of the native-born Americans, who are generally a mixed race, and those of the English, Germans, Irish, and French.

In examining Mr. Hutchinson's Table *A*, exhibiting the total capacity of 15 different classes, there are very striking differences to be seen. Pugilists, seamen, fire and police men, and grenadier guards, have the greatest vital capacity. This is shown in the column of the table for the height of 5 ft. 8 in. to 5 ft. 9 in., and from 5 ft. 9 in. to 5 ft. 10 in.

Table of the Mean Vital Capacity of 15 *different Classes.*

	5 ft. 8 in. to 5 ft. 9 in.	5 ft. 9 in. to 5 ft. 10 in.
Seamen,	239	258
Fire Brigade	231	237
Police, Metrop.,	226	248
Ditto Thames,	250	240
Paupers,	199	262
Mixed Class,	238	246
Grenadier Guards,	233	240
Compositors,	214	231
Pressmen,	245	239
Draymen,	223	245
Gentlemen,	208	236
Pugilists, &c.,	243	273
Chatham Recruits,	251	266
Woolwich Marines,	240	246

In this table the vital capacity certainly does not correspond to height as it respects different classes. Those classes comprehending individuals whose occupations require athletic, robust, and picked men, exhibit a vital capacity varying from

20 to 40 cubic inches higher than paupers, compositors, and gentlemen.

This table appears to sustain the conclusion which seems to follow from the observations I have made here with the Spirometer, that it is muscular power, and not height, that governs the "vital capacity."—*Medical Examiner.*

ARTICLE II.

Dr. Davis's "History of Medical Education and Institutions," and the Reviewer in the New York Journal of Medicine.

Out of sheer justice to Prof. Davis we give the following from some unknown author who has had acumen enough to see, as every candid observer must, that the critique referred to was instigated by personal feelings against him. The endorsement of the Editor of the New York Register of Medicine and Pharmacy, of the position of his correspondent, contrasts strongly with the course of a certain medical editor out West of us, whose morbid desire to criticise the work, had led him to claim to have received a copy from the author, who informs us he never sent it to him, and with a preface of balderdash quotes the New York Journal's strictures, either not knowing or not caring to know that they were unfair in their representation of the nature and design of the work, and unjust and illiberal in their comments upon it. But as we understand the reviewer is to be reviewed, we shall see whether our cotemporary will have the fairness to give its readers both sides of the question.

To the Editor of the Register:

In the January number of *The New York Journal of Medicine*, I notice what purports to be a review of Professor Davis's Work on Medical Education, but which is more strictly an ill tempered tirade upon Dr. Davis's character, charging

him with ignorance of the subject he treats, and his work a "*caricature* and a *libel* upon the profession," which the reviewer asserts to be "respectable."

Desirous of knowing how far these charges are correct, I have obtained a copy of the book, and from it I find abundant evidence that critics are liable to magnify trifling errors.

In the first place the writer, in order to show cause for saying what evidently is his first desire, finds it necessary to misrepresent the object of the work by stating it to be a "History of Medicine," whereas the very title of the book restricts it to a "History of Medical Education," and on such ground, charges Dr. Davis with having failed from ignorance in what he not only does not claim, but never intended to do; and which he distinctly states in alluding to medical history proper, that such topics are incidentally introduced, constituting no part of the main object of the work.

In alluding to the second chapter, the reviewer as usual, prefacing what he has to say of the work with reflections upon the author, introduces the following quotation from its last page: "I have not been able to find a single volume on any branch of medical science or practice published by an American physician during the first twenty years after the close of the revolutionary war." And he adds, "This is a precious confession for the historian of our profession, and we give him full credit for his honesty! What will the reader think, however, of Mr. Davis's knowledge, or his competency for the task of an historian, when he is told that the period mentioned by him abounds in original publications;" and then follows a list of sixteen works triumphantly brought in to show the reviewer's learning and the author's ignorance. Now it is hardly possible that there are any who would be deceived by this parade, and wilful misinterpretation of this sentence, notwithstanding it is carefully expressed. It must be remembered that Dr. Davis's book is a *History of Medical Education*, and the works referred to in the above quotation, were only such as are embraced under that head, viz.—works on Physiology, Anatomy, Surgery, Practice, etc. etc., or in other words, "text books," of which there is not one in the list of sixteen introduced by the reviewer." That it was possible for the author of this review to have mistaken the import of the sentence we cannot believe, without we are assured that he does not comprehend the meaning of English words, or else, that he does not tell the truth when he states that he has read the

book through, for in the very chapter which he passes over to find this isolated sentence, there is frequent allusions to original works upon general and special subjects, and particularly the "*Medical Inquiries and Observations of Dr. Rush*," with the titles in full and quotations credited to the same; yet this last heads the "list of sixteen" which are brought forward as works which Dr. Davis could never have seen.

There are other points equally at variance with the true spirit of justice and candor; but we trust the examples already given are sufficient to show that the article, in the Journal of Medicine, was instituted by any other than a desire to give an impartial criticism of the merits of the work.

New York, February, 1851. ***

[We publish the above communication, although not in order, as the Journal of Medicine is the proper medium for answers to articles it contains; yet as we believe our correspondent has the right of the matter, we do not consider it a good reason why we should refuse his article.—*Ed. Register.*]
—*New York Register of Med. and Phar.*

ARTICLE III.

California Quicksilver.

It is not improbable that gold may be found to constitute but a small proportion of the wealth derivable from California. It has for some time past been known that quicksilver abounds in that locality to an enormous extent. About twelve months ago a capitalist embarked with the requisite machinery for working a mine, and the result has more than realized his most sanguine expectations. On his return to England in quest of additional machinery, we are informed that he found a letter from the great Rothschild—the present mercury monopolist—requesting an interview with him in London—for what purpose it is easy to guess. We believe this request was not acceeded to. The reports respecting the extent of the supply in the new mines are almost incredible. We have been informed that within a few weeks of the commencement of operations by the party alluded to, assisted by

five men, a quantity of mercury was raised equal in value to £100,000 at the present market price. Even allowing a large discount for exaggeration, there is no reason to doubt that the supply is almost unlimited, and that the metal can be profitably sold at less than half its present price. The silver mines in Mexico, which have for years been unproductive, on account of the prohibitory price of mercury, may now be supplied on reasonable terms, and every branch of trade and manufacture in which mercury is used, will acquire a similar stimulus.—*Pharmaceutical Journal, Nov.* 1, 1850., *in Amer. Jour Far.*

ARTICLE IV.

St. Louis Probe.

The following is a rare specimen in the valedictory line.

Our Journal.—The present number closes the first volume, and ends the publication of the PROBE. During a years experience in journalism, we have been convinced that neither fame nor funds, can be acquired by conducting a medical monthly, and that many members of the medical profession are miserably poor in pocket, and more are deficient in moral principle, however well they may be imbued with the principles of their profession. We are inclined to believe that a large number, who have received our journal without paying for it, have devoted themselves to the study of scorbutus, with some success; for we must say they have treated us most scurvily, and not a few have shown a thorough acquaintance —not with abstract principles—but with the principles of abstraction, which would entitle them to the consideration of the judiciary. For the kind favors, and warm support we have received, however, from the better portion of our brethren, we return our hearty thanks, and thus take leave of them. Our hearts are so very full, and our pockets so very empty, that we are unable to say more.—*St. Louis Probe.*

ARTICLE V.

On the treatment of Scarlatina by Inunction, by Dr. SCHNEEMAN. (*London Journal of Medicine*, Sept. 1850.)

[In Vol IX, p. 15, of our "Abstract," we briefly mentioned this treatment on the authority of Mauthner, a physician of high repute in Vienna. We here present our readers with a more detailed accounnt; premising, that however puerile this treatment may appear, *prima facia*, its harmlessness may entitle it to a trial where a more hazardous proposition might reasonably be rejected. The following account is abridged from the "Lancet," Sept. 15, 1849.]

Description of the Treatment.—As soon as we are certain as to the nature of the illness, the patient must be rubbed every morning and evening, over the whole body, with a piece of bacon, in such a manner that, with the exception of the face (?) and hairy scalp, a covering of fat is everywhere applied. In order to make this rubbing-in somewhat easier, it is best to take a piece of the size of the hand, choosing a part still armed with the rind, that we may have a firmer grasp. On the soft side of this piece, slits are to be made in various directions, in order to allow the oozing out of the fat; and this is still further promoted by placing the bacon, for some time previously to using it, near the stove, in the oven, or on the hob. But the fat must be allowed to cool before being used.

The rubbing must be so performed, that the skin may be regularly, but not too quickly saturated with fat. During the process, only that part being rubbed is to be uncovered, or the whole can be done under the bedclothes; but this precaution is unnecessary. Although this plan, from the mess it makes, is not calculated to find favor, as it dirties bed and linen, as well as the persons of the children, yet the first few days yield results which make all this forgotten, and inspire the mothers with enthusiasm. With rapidity the most painful symptoms of the disease are allayed; quiet, sleep, appetite, and good humor return. Other things, however, are necessary besides infriction with fat;, but still the most important share of the merit may be imputed to this treatment. The truth of this will appear from a citation of the first results which follow:

1. The improbability, I might say impossibility, of the patient getting cold. Were this the sole benefit of the inunction, it would be great.

2. The dry brittleness of the skin, and the tormenting itching, are not only materially alleviated, but, for the most part, fully put a stop to. Hence children generally like the rubbing-in, and often ask for a repetition of it before the time is come.

3. The influence on the physiological functions of the skin is still more important. During the coming on of scarlet fever, the skin becomes diseased, in consequence of which it dies off; and, until a new covering is prepared for the surface, the functions of the skin are ill performed, or, during the desquamation, probably not performed at all. To appreciate the importance of the imperceptible functions of the skin, merely mechanically viewing the matter, I refer to the experiments of Seguin, which fix the quantity of matter thrown off from the outer skin at eleven grains per minute in a grown person, and therefore more than two pounds per day. What effort it must cost the organism to lead so large a quantity into other paths, in order to throw it off when the skin is incapable of doing so! To give a striking proof of the bad influence which the interrupted functions of the skin produce on the healthy activity of relative, even of distant organs, I may cite the fact, that death is always the result where more than one half of the skin has been destroyed by fire or boiling liquid. A similar destruction of the skin ensues in scarlet fever, with this difference, that it takes place gradually, and thereby the organism is better enabled, by employing all the activity of the body, to find aid against the mischief which, to the injury of the patient, must result from the cessation of the functions of the skin.

4. The oxidation of the blood is thus considerably promoted, the interrupting of which is the cause of such serious phenomena. As the disease of the throat is not improbably, in great part, due to the interruption of the functions of the skin and lungs, it must naturally disappear, or not present itself, where these are continued in integrity; and such is found, in practice, to be the case.

5. Owing to the fatty covering, the skin is kept moist, and the cuticle cannot be driven about the room by currents of air; and thus one fertile source of infection is kept closed up, it being well known that infection is most easily communicated at the period of desquamation. The danger of infection, un-

der any circumstances is materially lessened with the disappearance of the eruption from the skin, inasmuch as the process of generating infectious material is interrupted by restoring the skin to its normal state.

6. By shortening the period of desquamation, and protecting against the sequela of the disease, the duration of the treatment can be shortened to a period of from six to ten days.

7. The remedy is (cheap,) harmless, practical, and is perhaps never counter-indicated. The linen must not be too frequently changed, as a clean shirt takes up more of the fatty matter than one already saturated, and hence the skin is sooner deprived of its fatty covering. The rubbing-in is to be kept up twice a day for three weeks, and once a day during the fourth. The patient is, after this, to be washed daily with cool water and soap, and then only is the warm bath to be commenced. This process does not interfere with the natural course of the malady, and expose the individual to second and third attacks. In severe cases, the remedy may be repeated three or four times within the twenty-four hours. The main point is, to keep the skin *always* cool and moist; and here, even with all possible precaution, the skin will sometimes come off in certain places. The practitioner will do well to fix the exact hours at which the rubbing-in is to take place: it will then most probably be better and more regularly performed.

Other points, which are also important enough, now remain to be noticed.

8. *Temperature.*—Experience proves that it requires no great daring to keep the patient cold instead of hot. Cold washing is *not* to be employed, as it promotes desquamation. Cool air seems to have a bracing influence on the system, and a soothing one on the respiration; and all danger is avoided by the fatty covering. The temperature of the bedroom should never be above 13°R. The idea of throwing back the eruption by mere cold air is an error. Great heat is much more likely than cold to throw in the eruption. In fact, the fatal cases of this kind are principally those where, through keeping the patient too hot, the cerebral affection has been brought on; this has given rise to paralysis which appears sooner in the skin than in other parts, and thus to the withdrawal of the eruption—for the skin dies sooner than other parts, as shown in collapse, where mustard poultices do not act as in other states.

9. *Bed.*—The patient should not remain in bed any longer than is absolutely necessary. As soon as the fever, headache, and a desire to remain in bed are gone, he may quit it, for in bed the skin is between two fires,* and the functions of the body do not go on so well as in moving about. Hence, even when the patient must lie down an hour or two daily, he should still go about the rest of the time.

10. *Diet.*—The diet should be light, but there must be no starvation, and as rapid a return as possible to the usual food.

11. *Washing.*—Although it brings on desquamation, it will be as well to let the patient occasionally wash his hands and face with water and soap. It reconciles him to the dirt attendant on the rubbing-in.

12.—If *constipation* ensue, it must only be combated with medicines; when, at the end of forty-eight hours, it makes no semblance of disappearance, then a clyster of poppy oil is the best remedy.

The author enters his protest against a partial employment of his remedies.

. *Complications require a modification of the system.*—1. *Severe cerebral symptoms at the commencement.*—The above treatment can only be applied where time is allowed for the development of the restorative process. Occasionally the case is accompanied at its very outset by severe cerebral affection, and convulsions. Here bleeding may be employed, and if necessary, unhesitatingly repeated. To support this view, Dr. Schneemann instances the authority of Armstrong, Bernd, Stieglitz, Hammond, Hingeston, &c. Venesection is, accordingly, the sheet anchor. The other remedies are:—The application of concentrated cold to the head; and the best form for this is ice. The cold dash is often more hurtful than useful, on account of the serious reaction which follows it, and exposes the patient more to the dangers of an apoplectic attack, although its results for the minute are often very flattering. *At the end of every two hours the bladder of ice should be removed*, in order that the uninterrupted effect of the cold may not weaken too much the tone of the vessels of the brain. Warm mustard plasters to the shins are a most valuable remedy. Internal remedies are generally of little use where the above given remedies fail; the only one of any importance is the carbonate of ammonia. Mercury is of little value, except

* Here it will be as well to state that in Germany a feather bed is frequently substituted for bed-clothes.

just to open the bowels; for its specific action never comes into full play till the system is throwing off the affection. There are, however, much better purgatives than calomel; the saline, for instance. Emetics ought not to be tried in cases complicated with cerebral affection; in others they may. The aconite failed in the author's hands, both in tincture and solution. With regard to the treatment by leeches and ammonia, so many writers have already pointed out its good results, that the author can safely recommend it, but with the proviso that in urgent cases bleeding be substituted for leeches.

2. *The Affection of the Throat.—Primary.* As this is but a link in the whole, so must the measures taken for its removal be such as will remedy the general affection. *Secondary.* For this, the rubbing-in, as it acts by prophylaxis, is the best possible remedy; but where this has not been brought into use, or where, from keeping the patient too warm, desquamation has come on, and the secondary sore throat has set in, the best remedy is the use of emetics. They not only remove the tough glazy slime, but excite the secretions and excretions to more normal disposition, and this is especially the case if the disorder have a gastric character. Many, by confounding the employment of emetics in the early and latter stages, have brought them into discredit. For the swelling of the tonsils, an excellent remedy is a solution of nitrate of silver (twenty grains to an ounce of water), with which they and the soft palate are to be painted; but so many varieties present themselves in these secondary attacks following on scarlet fever, that no general rules can be laid down. Here everything depends on the discrimination and judgment of the practitioner.

Prophylaxis.—Warm clothing, separation from school, and above all, light diet, are the best preventatives. That the younger children, as more predisposed than the others, must be more carefully separated from the sphere of infection, is doubtful practice. Not only are many children never infected, who, however, by adopting this system, require to be as carefully secluded as the others, thus causing great inconvenience; but the mildening influence and actual advantage of a gradual accustoming to the infection are thereby lost, and consequently the attack when it comes, is so much the more severe. The free communication with the patient is good, in order that constant exposure may, as in the case of physicians and nurses, blunt and wear out the disposition to the disease; for

as it now is, children are separated from the patient during the first period, which is the mildest, and exposed to contact with him during the process of desquamation, which is the source of the most dangerous infection. Many preservatives have been vaunted against this malady during its epidemic appearance; of these, however, the only one apparently deserving of much credit is the belladonna. Its action appears to be, "by altering the relation of the nervous system, to diminish the disposition of the disease." The author's prescription is—Take of extract of belladonna one to two grains; distilled water, one ounce. Mix. Give to each child, morning and evening, as many drops as it has years, and continue to do so at least fourteen days. But not to confine himself to his own testimony, Dr. Schneemann gives that of Jordens, Ettmuller, Hedenus, Gumpert, Hufeland, Martius, Pormey, Behr, Benedix, Thaer, &c., who have testified to the value of belladonna; and though he admits that as many opponents might be found, he thinks it scarcely credible that all the former had deceived themselves. In certain sections of the circle of Bayeux, Dr. Feron preserved from scarlet fever all the children who had not been attacked before he commenced operations. In 400 cases near Valenciennes, treated with belladonna, not one person was attacked.—*Ranking's Abstract.*

ARTICLE VI.

Midwifery and Diseases of Women.

Hemorrhage, Uterine.—Mr. J. Griffith brings again into notice the great value of oil of turpentine in uterine hemorrhage. He says the most convenient way of giving it is ℥j of turpentine to ℥ss of oil of sweet almonds as a draught, and repeated in five minutes if the symptoms are urgent. (p. 270.)

Lactation.—In cases of child-birth where the appearance of milk is delayed, a decoction is made by boiling well a handful of the white Bofareira (Ricinis Communis of botanists) in six or eight pints of spring water. The breasts are bathed in this decoction for fifteen or twenty minutes. Part of the boiled leaves are then spread thinly over the breasts, and allowed

to remain until all moisture has been removed from them by evaporation, and probably, in some measure, by absorption. This operation is repeated at short intervals, until the milk flows upon suction by the child, which it usually does in the course of a few hours. If the milk is required to be produced in the breasts of women who have not given birth to or suckled a child for years, the mode of treatment is as follows:—A similar decoction is made, and it is poured while yet boiling, into a large vessel, over which the woman sits so as to receive the vapor over her thighs and generative organs, cloths being carefully tucked around her, so as to prevent the escape of the steam. In this position she remains for ten or twelve minutes, or until the decoction cooling a little, she is enabled to bathe the parts with it, which she does for fifteen or twenty minutes more. The breasts are then similarly bathed and gently rubbed with the hands, and the leaves are afterwards applied to them in the manner described. These operations are repeated three times during the first day, on the second the process is repeated as to the breasts three or four times, on the third day the whole process is repeated. A child is now put to the nipple, and, in the majority of instances, it finds an abundant supply of milk. In the event of success not following, the treatment is continued for another day; and if there be still want of success, the case is abandoned. (Dr. J. O. M'William, p. 316.)

Oxytoxic.---The administration of the Indian hemp seems markedly and directly to increase parturient action, and Dr. Churchill states, that it possesses powers similar to those of the ergot of rye in arresting hemorrhage, when dependent upon congested states of the impregnated uterus. [Prof. Simpson, p. 316.]

Placenta Prævia.---If the os uteri is not dilated plug the vagina accurately, to produce a coagulum and stay the flooding, to save the child, to prevent the powers of the mother being exhausted by loss of blood, and to favor the dilation of the os. As soon as the state of the os allows, introduce the hand immediately, separate sufficient of the attachment of the placenta to the uterus to allow the hand to pass to turn and deliver. We believe that where the cessation of hemorrhage takes place from the separation of the placental attachment, the placenta being still left in situ, as advocated by Professor Simpson, it is owing to the placenta forming a plug upon the uterine orifices. For the arguments in the defence

of the use of the plug and the explanation of its action, see p. 268. [Mr. W. Braithwaite.]

Sponge Tents.—An improvement upon Dr. Simpson's method of making sponge tents has been introduced, which consists mainly in not steeping the sponge in a solution of gum; and the advantages of this method are, that "they are made with much greater facility, their being thus compressed into a smaller compass, and that the expansion of the tents is equally gradual, never requiring the aid of tepid water injections, the moisture of the surrounding parts being quite sufficient." (Mr. C. Coates, p. 306.)

Sterility.—Dr. E. Williams has described a Japanese remedy for sterility. The tree is one of the order of the Ternstromaceæ of Jessieu, with leaves somewhat larger than those of the congou tea, emitting an odour when bruised resembling pulegium and sabina. The mode of preparation is to take a quantity of the leaves, macerate them in as much rice spirit as will just moisten them, for six hours; then express, and give about a teaspoonful every hour, and two or three doses will invariably bring on the menstrual secretion, which can be maintained by a dose or two daily, for any length of time. (p. 320.)

Uterine Neuralgia.—Apply blisters to the hypogastric region, cauterization of the cervix, narcotic injections, with absolute rest and general treatment. (M. Valleix, p. 307.)

Warty Excrescences.—Mr. T. W. Nunn, acting on the principle of Dr. Arnott, of using congelation as an anæsthetic agent, has recently applied little wedged-shaped pieces of ice to the necks of large warty growths depending from the labia minora, till they became blanched and cold; and he then removed a great many of them with a single stroke of the knife, without causing the patient any but very slight pain. [p. 814.] *Braithwaite's Retrospect.*

ARTICLE VII.

Venereal Affections.

Gonorrhœa.—Give acetate of potash in half drachm doses every four hours. Even where the disease has not yielded, it has been repeatedly found, that, after a few doses of copaiba, the cure has been completed, and a relapse prevented. (Mr. J. Hilton, p. 264.)

The severe forms of gonorrhœa which are so exceedingly obstinate, are owing to the inflammation spreading along the entire canal, extending over to the mucous membrane of the bladder itself, nay, even, in some cases to the ureters and kidneys; and puss discharged through the urine is an indication of it. There is no specific remedy for this form, but when pus has once appeared in the urine, the antiphlogistic treatment must be more strictly enforced; and when the inflammatory symptoms have subsided, then, and not until, specific remedies, as balsams and cubebs, may be resorted to. (Mr. W. Colles, p. 265.)

Syphilis.—Surround the patient with an atmosphere of mercurial vapor, in a moist state, by the following method: Place the patient on a chair, covering him with oil-cloth lined with flannel, then fumigate him with the bisulphuret of mercury, or the grey oxide, or binoxide. The patient may remain in this mercurial atmosphere for ten minutes or half an hour. Let the patient then repose in an arm chair for a short time, and let him drink a cup of warm decoction of guaiacum, sweetened with syrup of sarsaparilla. (Mr. Langston Parker, p. 261.)

Indurated Chancre.—M. Ricord gives the proto-ioduret of mercury, but this does not seem to agree with patients in this country, which may be attributed to climate and difference in diet. He says mercury must be persisted in three or six months after the disease has disappeared to prevent a relapse. He uses fumigations, also, much on the same plan as Mr. Langston Parker, but thinks a spirit-lamp does not give out sufficient heat. (p. 261.)

Phagedenic Chancre.—Iron is the remedy, its effects are most magical. It is much used by M. Ricord. The following is the best mode of giving it. Potassio-tartarate of iron, one ounce; water six ounces. Mix. Two table-spoonfuls three times a day. (p. 262.)

Tertiary Symptoms.—Give the iodide of potash in *large doses*, which will benefit when small ones are of no avail. (Mr. W. Acton, p. 263.)—*Ibid.*

ARTICLE VIII.

The Salts of Morphia.

M Mialhe, of Paris, is of the opinion that Opium, either in the shape of extract or tincture, ought to be entirely discarded from practice, as the proportion of active principles in this drug is extremely uncertain, both from natural causes, and through adulterations. He has found that in the various kinds of opium of commerce, morphia varies from seven grains and a half to eight scruples per three ounces and a half; or in other words, from one-half to ten per cent. In adulterated specimens, namely in a substance that merely imitated opium, he has found only six parts of morphia in 5000. M. Mialhe infers that morphia alone should be used in medicine, and that this principle should drive away opium, as quinine has replaced bark.—*London Lancet., in ibid.*

ARTICLE IX.

Analysis of Prairie Soil.

Although not strictly professional in its character, the following paper, taken from the U. S. Patent Office Report, for 1849-50, will be found of interest, especially to those who are studying the influence of the soil upon the health in different localities. E.

(We insert with pleasure the following analysis of a specimen of prairie soil, from the farm of Dr. J. A. Kennicott, of The Grove, Ill., made by Prof. James V. Z. Blaney; of Chicago.)

The soil analyzed was taken from a "roll" of the prairie, at or near the summit of the "roll" or elevation. A sod two inches thick was first removed, and the specimen then taken up with a spade, about 6 inches deep; the central portion of which was used for the analysis.

Description.—The soil was a loose friable loam, of a very intense black color when moist, greyish-black when dry. It contained some small fibres of grass roots, and no gravel. *A Mechanical Analysis* was first made, as follows: A weighed portion of the soil was treated with distilled water, and agitated for some time; then allowed to settle for one minute; the water poured off into another vessel, and allowed to stand to deposit the pulverulent matter which it held in suspension. This process was continued until the washings ceased to hold any particles in suspension. The sandy matter left, and the pulverulent matter washed over were each collected on a weighed filter, washed, dried at 212° F., and weighed. The filtrates of both were mixed, evaporated to dryness at 212°, and weighed, giving matter soluble in cold water. A separate portion of the soil, which had been exposed for a long time to a moderately dry air, was dried at 212°, and the hygrometric moisture thus ascertained. These processes gave the following

Results of the Mechanical Analysis.

	Per. cent.
Hygrometric moisture,	3.50
Sandy particles,	66.90
Finely divided do.	29.20
Matter soluble in cold water,	0.10
	99.70
Loss	0.30
	100.00

A separate analysis was made of the coarser and finer particles. Analysis of the coarser particles gave the following results:

	Per. cent.
Organic matter and combined water, together,	8.00
Matter insoluble in hydrochloric acid, say, silica,	84.00
Combined silica (probably in combination with alkalies)	0.50
Alumina,	2.50
Sesquioxide of iron,	3.00
Carbonate of lime,	1.00
Magnesia and alkalies together,	2.00
	101.00

Analysis of the finely divided particles gave

	Per. cent.
Organic matter and combined water,	10.00
Matter insoluble in hydrochloric acid, say, silica,	76.00
Combined silica, (a trace)	
Alumina,	4.25
Sesquioxide of iron,	4.25
Carbonate of lime,	1.50
Magnesia and alkalies together,	2.50
	98.50

The error in the former analysis is, I think, in a measure, due to the fact, that the iron exists in the sandy matter as a protoxide, probably in combination with silica; hence, when calculated as a sesquioxide, it gives too much by about 0.40 per cent.

In the latter analysis, I presume that the iron exists in the form of a protocarbonate. If such be the case, nearly two per cent should be added, to obtain a correct result.

The analysis of the soil as a whole, as calculated from the above, would give the following as a very close approximation to the truth:

Hygrometric water,	3.500
Organic matter and combined water,	8.166
Silicious matter insoluble in hydrochloric acid	77.286
Silica combined,	0.328
Alumina,	2.880
Sesquioxide of iron,	3.458
Carbonate of lime,	1.094
Matter soluble in cold water, (not examined)	1.000
Magnesia and alkalies, (not separated)	2.369
	100,081

Had a little more time been allowed to me, I would have ascertained with accuracy the amount of alkalies, and also in what state of combination they exist, as carbonates, sulphates, or silicates. I would also have critically examined the organic matter, and tested for the presence of phosphates. I have ascertained that nitrogen is present in the organic matter, as ammonia is evolved at a high temperature.

For the absorbent power of the soil, I find that a specimen, which had been exposed for some time to dry air, when exposed 48 hours over water at 60° F., gains 3 per cent. of wa-

ter by capillary absorption. Another portion, of the same degree of dryness, exposed *in vacuo* over sulphuric acid at 60° F., lost, in 48 hours, 3.20 per cent. of water, by evaporation into a perfectly dry atmosphere.

The difference in the amount of water retained by capillary attraction, in an atmosphere saturated at 60° F., and that in perfectly dry air at the same temperature, may be stated at 6.20 per cent.

ARTICLE X.

New Method of Operating for the Radical Cure of Inguinal Hernia. By M. VARETTE.

In a note to the French Academy of Sciences, by M. Varette, which was referred to a select commission, composed of Messrs. Velpeau and Lallemand, we find the following concerning the radical cure of inguinal hernia:

"I had the honor," said M. Varette, "to address to the Academy, in May and November of 1849, some observations on the radical cure of inguinal hernia, obtained by a method which appeared to me to be novel. I have not yet sufficient facts to treat of the matter in all its details; nevertheless, I hope the Academy will receive the announcement of an operation which I have conceived for the cure of an affection, which has as yet defied all the resources of art. This operation consists—firstly, in folding about the whole extent of the inguinal canal, and even beyond it, a tegumentary plug; secondly, in retaining it *in situ*, for a sufficient length of time; and, thirdly, in obtaining by means of cauterization, solid adhesions over a large surface."

M. Varette then gives a description of an apparatus for operation, the engraving representing which is not given by the Academy in its transactions, and consequently we should be unable to convey its merits fully by description. It is enough to say, however, that, the hernia being reduced, and the surgeon with his index finger, having pushed into the canal, a species of blunt *tampon* of the neighboring integuments, a part of the apparatus alluded to, acts as a finger, in maintaining the tampon in place, and pressing it strongly against the anterior

wall of the canal—its point of support being another piece, which to a certain extent represents the thumb of the operator. This second piece is metalic and moves at pleasure to the middle of the first, which is composed of wood. This is hollowed out with a curved canal, in which plays, like a trocar in its sheath, an armed needle, which when pushed out, opposes itself very easily to the retrograde action of the tampon in the canal. The metalic piece, instead of being smooth, is grooved in the centre, so as to permit the application of caustic to produce a slough. This cauterization, performed by means of the chloride of zinc, is applied sufficiently extensively to include the thickness of the anterior wall of the inguinal canal, and that portion of the plug which is in contact with it.

When the slough was healed, strong adhesions will have been performed between those portions of the plug, and of the canal subjected to cauterization. The apparatus is removed, when the slough falls off (from the seventh to the tenth day) the sore heals rapidly, and the nodular tissue adds force to the adhesions sought for.

"I have performed this operation," continues M. Varette, "on five patients in my wards, and I may affirm it so easily done, and so free from danger as to astonish the many students who have observed my operations. In fine, its efficacy appears to me to be certain. I hope to be able to publish a sufficient number of cases, to convince the minds of those who may read them. By that time, my method will probably have excited some prejudice against it; but this will fall before the force of the facts. What I have seen authorizes me to pronounce without hesitation, that the time is not far distant when the surgeon will radically cure a disease, which is at present treated only with palliatives."

We think that the operation of M. Varette merits careful notice on the part of the profession, though the principle upon which it is based is not new, and it is somewhat similar to the radical cure of varicocele by amputation of a portion of the scrotum.—*Philadelphia Lancet.*

ARTICLE XI.

On the Treatment of Bronchocele by Compression. By Wm. C. Dwight, M. D., of Moscow, N. Y.

Although Goitre is by no means common, yet it is not so rare in some districts of our country as not to require attention.

Many cases were brought under my notice when Iodine had become the fashionable remedy, and my patients were advised in regard to its use. All the precautions were taken to have them guarded from the effects of imprudent use of this medicine, yet, more than once, I was forced to witness distress for breath, and palpitation of the heart, which I could attribute to nothing but the Iodine, and this too, before there was any sensible diminution of the deformity. It was found, moreover, that this was an evil to be expected, as prudence is not common at the age of patients of this class. Under such circumstances, it was desirable to look about for a safer remedy, and it was determined to try pressure. To produce sufficient pressure without impeding respiration, resort was had to the following mode of proceeding:

Three straps of good glazed brown cambric were spread with Emp. Ol. Lini cum Plumb. Sem. Vit. Oxidi.,* each of half the width of the tumor, and of length sufficient to reach from the lower edge of the scapula of one side obliquely up the opposite side of the neck and across the lower part of the tumor, passing thence onward in return to the upward direction down to the lower edge of opposite scapula, crossing like suspenders. The strap is drawn quite tightly, producing very considerable turgesence of the blood vessels of the face. The patient will shrug up his shoulders for a few minutes until the Thyroid vessels become compressed sufficiently to enable him to breathe more comfortably, and the countenance resumes its natural appearance. Five minutes is all the time ordinarily required. The second strap is then passed in the same manner across the upper part, from half an inch, to an inch, from the first, according to the circumstances of the case, such as length of neck, size of tumor or situation and form.

*I prefer this plaster as I know of no other with equal adhesive property, which produces so little irritation.

This strap is drawn as tightly as the first. After waiting until the countenance allows a new application, the third strap is put on in the same manner over the immediate space in like fashion.

Ordinarily the plasters will adhere in cool weather from ten days to a fortnight, when, becoming loose and non-adherent, they ought to be removed. If the pressure has been well applied, the tumor will be found to have become slightly less, the skin somewhat reddened and tender. In such case it is prudent to wait until it assumes its natural appearance before a new application of the plasters.

The first application has in one case been sufficient, but the average has been as high as four times in each case. When the Bronchocele has become diminished to half its size at the time of its first application, it will continue to disappear without further care. The success which has attended this treatment is such as to warrant confidence. In twenty cases there has been no failure. In the first four, Iodine was used in conjunction with the plasters, and in the twelfth it was used antecedently for several weeks without diminuation of the disease. In these cases the progress was no more rapid than when no Iodine was used. In two of the cases the disease returned at the end of two years each, but on a new application of the straps was immediately overcome, and although ten years have elapsed since the last application, all is as well as though there had never been any deformity. It is proper to add, also, that in both of these cases Iodine was freely taken as well as pressure used at the commencement.—*Buffalo Medical Journal.*

Moscow, Dec., 1850.

ARTICLE XII.

Cholera at Jamaca.

The city of Kingston is said to have lost not fewer than 5,000 inhabitants by the cholera. The scourge was beginning to slacken at the last accounts. The Kingston Journal says: It has appeared at Radner, a property 3,000 feet above the level of the sea, and the finest climate known on the face of creation; and it has touched similar altitudes in the parishes of Port Royal and St. Andrew. It has been frightfully ma-

lignant at Midleton coffee plantation, and has manifested itself at Charlottenburg, Chester Vale, Newton, and other properties, all situated at an altitude that has hitherto defied febrile diseases.—*Scalpel.*

ARTICLE XIII.

American Medical Association.

The Committee of Arrangements request all societies and other institutions authorized to send delegates, to forward a correct list of those selected to attend the next annual meeting, to the Secretary, Dr. H. W. DeSaussure, at Charleston, S. C., on or before the 1st day of April.

In consequence of the resignation of Dr. Stille, one of the Secretaries, from ill health, all communications intended for the next meeting of the Association must be addressed to the remaining Secretary, Dr. H. W. DeSaussure, Charleston, South Carolina.

The Fourth Annual Meeting of the American Medical Association will be held at Charleston, S. C., on the 1st Tuesday of May uext.

Editors of Medical Journals will please give the above notice an early insertion in their respective journals.—*Charleston Medical Journal.*

ARTICLE XIV.

Collodion in Erysipelas. A Singular Coincidence.

In the December number of this Journal, we noticed the successful treatment of a case of Erysipelas by the application of Collodion, the report of which, with that of four other cases was published in the Lancet of January. We have since that time employed this agent in very many instances, and with the most prompt and flattering results.

In the Eclectic Department of this Number, our readers will find a paper from the London Lancet of December, reporting the use of Collodion in the same affection by the well known Surgeon, Mr. Luke. It is somewhat singular, that probably about the same time, and with the same intentions, the Collodion was employed by us both. And the coincidence is the more remarkable, that the great similarity of expression and pathological deductions, might lead some to suppose that we were in *telegraphic* communication with Mr. Pete, the Reporter of the London Hospital.—*Northern Lancet for February*, 1851.

We quote the above to give our readers another illustration of the intensity with which the Medical public, in this country, keep their eyes fixed upon the East; scarcely surpassed by the superstitious devotions of the Arabs towards Mecca.

By reference to the files of our Journal it will be found that just one year before the publication of the article above referred to, in the London Lancet, Dr. J. W. Freer, (now Demonstrator of Anatomy in Rush Medical College) published the result of a number of cases of Erysipelas, which had been treated by the Application of Collodion; his use of it commencing eight months previously to the publication. His reasoning was the same as Mr. Luke's. It is a remarkable coincidence that Dr. John Snow of London, reported the same treatment in the *London Lancet, April 29th, 1850; just four months after the article of Dr. Freer was given to the public in our Journal. We are not apprized of the precise length of time it takes our Journals to cross the Atlantic, but should think it ought not to be over four months. E.

*See Braithwaite's Retrospect of July 1850.

Part 4.—Editorial.

ARTICLE I.

VALEDICTORY.

With this number ceases the editorial connection of the undersigned with the N. W. Medical and Surgical Journal. In parting with those whom he has been so long accustomed to address and from many of whom he has received such numerous tokens of good will and friendship the editor feels that he would be derelict in duty were he to dissolve this connection without signifying his sense of obligation to those of his friends who have favorably regarded his labors in behalf of the profession.

It is not necessary to enter into the history of this Journal under the management of the present editors, further than to observe, that when they undertook to conduct it, it labored under very considerable embarrassment. From that embarrassment the profession generously stepped forward and relieved it; thus placing it in a position to render more effective aid in the cause of medical science. In dissolving his connection with it, the subscriber is deeply gratified in being able to assert that the Journal is more prosperous than at any former period of its existence. How far his own efforts have contributed to bring this about, it does not become the undersigned to say. It is enough for him to know that he has retained the good will and confidence of his excellent and esteemed colleague---for whose friendship he can never be sufficiently grateful---and, as he believes, the respect of a great majority of those for whose benefit his editorial labors have been performed.

Whatever of good will or friendship has been manifested

towards the writer, during his editorial career, he takes pleasure in bespeaking a continuance of it to the senior editor, whose labors in behalf of medical science render him worthy the esteem of every true son of Æsculapius; and certainly there is no one who more heartily than the undersigned, wishes him brilliant success in his future editorial career.

Amongst those who are and have been readers of this Journal, the writer numbers many warm and personal friends, whose "old familiar faces," he will in all human probability never be again privileged to see. He begs to assure them that he will carry with him to his new home on the Pacific a most grateful appreciation of their kindness and partiality. And to them as well as to those who without personal acquaintance have manifested a generous interest in our enterprise, the writer in bidding them farewell, desires to reiterate his assurance of respect and esteem, and his sincere wishes for their future prosperity and happiness.

February 15, 1851. EDWIN G. MEEK.

ARTICLE II.

ILLINOIS GERERAL HCSPITAL.

This institution has now been open for the reception of patients since November. The project of opening it in the Tippicanoe Hall, was abandoned and the Lake House was secured in its stead.

This establishment known throughout the North West as one of the largest and finest tavern edifices in the western country, will afford ample room and admirable conveniences for the care of 200 patients.

An arrangement has been made by which the "Sisters of Mercy" have the care of the Institution, who took charge of

it in February ult. The admirable neatness and air of comfort that are everywhere manifest in the Institution prove the wisdom of their appointment.

The Physicians and Surgeons that have been appointed are D. Brainard, M. D., Surgeon; N. S. Davis, M. D., and Levi D. Boone, M. D., Physicians; John Evans, M. D., Physician to treat diseases of females.

Other appointments it is understood will be made in a few days.

The institution has the care of the sick paupers of the country who are suitable objects of hospital treatment, and also of the marine patients, until the Marine Hospital shall be opened for their reception.

We would advise our readers in Illinois that by the law establishing the Institution, (which may be found in the acts of the extra session of 1849) the county boards of each county in the State, are authorized to send patients to the Institution at county charge, which will enable them to put under the treatment of the Institution any cases that may be thought advisable. The price of admission to such patients, including board, medical treatment, &c., has been fixed at $2,50 per week.

Private patients can have separate apartments, and will be received at prices varying according to the accommodations at from $2,50 to $4,00 per week.

Our friends may rest assured that patients whom they may send to the Hospital will receive every necessary attention and comfort.

Our readers, too, may expect regular reports of clinical lectures, and interesting cases in the Journal.

Students are admitted to witness practice in the wards.

ARTICLE III.

MEDICAL SOCIETIES.

Winnebago County Medical Society.

At a meeting of the Physicians and Surgeons of this county, at Rockford, on the 30th day of January 1851, pursuant to former notice it was resolved to form a County Medical Society. After the appointment, and report of a Committee, a Constitution, By-Laws, and a Code of Medical Ethics was adopted. The Society is to be called the "Winnebago County Medical Society." The officers are a President, two Vice Presidents, Secretary, Treasurer, and a Board of Censors.

It is made auxillary to the State Medical Society, of this State. It is to hold its annual meetings at Rockford on the first Tuesday of April of each year, and quarterly meetings on the first Tuesdays of July, October, and January, at a place to be chosen at the previous meeting, at which meetings Physicians of other counties are invited to be present. Two members of the society are appointed at each meeting to deliver dissertations at the next meeting, the persons appointed, and the subject chosen by the President. Dr. Andrews was appointed to speak on Typhoid Fever, and Dr. Ames on contagion. The President is also to deliver an address at each annual meeting.

The officers elected were as follows: Dr. Wm. Lyman, President, Drs. Lucius Clark, and A. E. Ames, Vice Presidents, Dr. J. Blount, Secretary, Dr. N. S. Andrews, Treasurer, and Drs. Charles Richings, G. P. Ranson, and S. Clark, the Board of Censors. Adjourned till Tuesday, the first day of April at Rockford, Ill.

J. BLOUNT, *Sec.*

Stark County Medical Society.

We have a Society in the third year of its exisitence, called the Stark County Medical Society, which meets quarterly at Toulon. The officers are Dr. J. W. Spalding President, Dr. ------ Pinney, Vice President, Dr. H. Nance, Secretary, Drs. J. G. Harlan, Thos. Smith, and Wm. Chamberlain, Censors.

Yours respectfully,

JOHN W. SPALDING.

Western Medical Society of the State of Wisconsin.

A copy of the proceedings of this spirited Association, held Dec. 3d, 1850, has been forwarded to us by the attention of the Secretary, Dr. G. D. Wilber, from which we make the following extracts:

The officers elected for the ensuing year are, "A. P. Ladd, Shullsburgh, President; H. Van Dusen, Mineral Point, Vice President; G. D. Wilber, Mineral Point, Rec. Secretary; T. R. Kibbe, Hazle Green, Cor. Secretary; J. S. Russell, Platterville, Treasurer; G. W. Eastman, Plattsville, G. D. Wilber, Mineral Point, and A. Sampson, Fair Play, Censors.

H. Van Dusen, J. S. Russell, and T. R. Kibbe were chosen by ballot to represent this, in the State Medical Society, for the ensuing year.

Reports of standing committees being in order, only one was presented, and that by Dr. Wilber "On the condition of the Medical Profession in this District." By this report it appears that there are upwards of sixty persons engaged in practicing medicine in the counties of Iowa, Grant, and Lafayette; and of this number only twelve are graduates, or have the title of Doctor. It is the intention of the society to publish the names of the regular practitioners, and quacks residing in the three mentioned counties, in the public prints of the district.

ARTICLE IV.

PROFESSOR HERRICK'S VALEDICTORY ADDRESS TO THE GRADUATING CLASS IN RUSH MEDICAL COLLEGE.

We have received a copy of this appropriate and well written lecture, through the attention of the Publishing Committee of the class. As we were present in the crowded assembly that listened to it, we can not only testify to the beauty of its style and sentiment, but also to the happy and effective manner of its delivery.

The claims of medicine are briefly urged, the inconsistencies of pretenders referred to, and the graduates pointed to the rich field open before them for cultivation. In the closing paragraph is a tribute to the memory of N. C. Wells, one of the students whose funeral had been attended the day before, reminding the class that "the wreath about to ornament the brows of many here present, is on this occasion, constituted with twigs of the laurel mingled with those of the cypress!"

ARTICLE V.

AMERICAN MEDICAL ASSOCIATION.

The time for the next meeting of this National Medical Assembly is drawing near, and by the time of our next issue of the Journal. Delegates will be wending their way to Charleston, S. C.

We hope our State will be fully represented by delegates from her various medical societies.

There is now no time to be lost in preparation for sending representatives by those bodies that have not already made appointments.

ARTICLE VI.

NEW MEDICAL JOURNALS.

The Philadelphia Lancet.

We are in the receipt of this new candidate for public favor which is published semi-monthly in the city of Philadelphia at one dollar per annum, and is edited by Thomas Dunn English M. D.

It is in the form of a newspaper and contains much practical information, being filled with clinical lectures, original communications, and editorial articles. It appears to be conducted with spirit and ability, and we hope it will have a long and prosperous career.

The Stethoscope.

We observe by our exchanges that a new Medical Journal called "The Stethoscope" has been issued by Dr. Gooch, Editor, in Richmond, Virginia, but not having seen a copy we are unable to speak of its character or appearance.

It would seem to us that the Great State of Virginia ought to have and support at least one good medical periodical.

ARTICLE VII.

MISCELLANEOUS MEDICAL INTELLIGENCE.

The distinguished Surgeon, B. W. Dudley, M. D., of Lexington, Kentucky, is afflicted with irritability of the eyes, which prevents a continuation of his Surgical Memoirs in the Transylvania Medical Journal.

There were 100 students in attendance upon the first course of lectures in the Kentucky School of Medicine.

There were 544 deaths from cholera in New Orleans, between November 1st and December 23, 1850, from which time it entirely disappeared.

From June to November, 1850 inclusive, there were 10,928 admissions into the Charity Hospital, New Orleans, and 818 deaths. A little less than eight per cent. of the deaths, 152, were from cholera.

The Editor of the American Journal of Dental Science, estimates that there are 6,600 ounces of gold used for filling teeth in the United States annually worth $198,000.

There were 202 students in attendance at the Cleveland Medical School the past winter, about 25 per cent less than last year. So far as we can learn there has been a great falling off of the number of students generally, probably owing to the influence of the California emigration.

Medical students have increased very much in Paris and London.

A boy nine years old, says the *Provincial Journal*, swallowed a silk handkerchief, a foot square, and passed it by the bowels three days after, perfect in every respect, except being soiled. The boy suffered no injury from being "wiped out.'

Dr. A. Stille, of Philadelphia, is travelling in Europe for his health. He has resigned the post of Secretary of American Medical Association, which he has filled with ability for several years. Dr. H. W. De Sausseur, of Charleston, S. C., is the Secretary, to whom all matters pertaining to the office should be directed.

Measels and hooping cough have been quite prevalent in Chicago during the winter just passed.

The demand for cod liver oil seems to be on the increase, indicating its more general employment.

There were about 1500 students in Philadelphia during the past winter and 700 in New York.

Professor White, of Buffalo, has gone to Europe on business connected with the Buffalo Medical College.

Professor Howard, of Columbus, Ohio, is also to start in a few days.

The Homœopaths have instituted a Hospital in London.

The cholera is reported to be prevailing on the Ohio River.

A census of the Physicians of Erie County, New York, has been taken by the County Medical Society; there are seventy-nine. Twenty are members of the Society. Six are reported graduates but not members. Ten are neither gradutes nor licentiates, but are respectable practitioners. Thirteen profess to be *regular* but are the veriest quacks. Four practice Homœopathy, Allopathy, or any thing else to get business. Two are "simon pure" Homœopaths. Four are Seroscopists. There are ignorant females pretending to general practice. Five Eclectics, and ten are Botanic, Thomsonian or Herb Doctors.

The *New York Register of Medicine and Pharmacy* publishes a table of the mortality of the City of New York for 1850, by which it appears there were 16,854 deaths. The largest number of deaths from any one disease was from consumption, it being 1801. The proportions from some of the other diseases is remarkable. It was from convulsions, 1280. From Inflammation of the Lungs, 922. From Dysentery, 786. From Dropsy in the Head, 729. From Marasmus, 729. From Cholera Infantum, 717. From Apoplexy, 561. And from Cholera, only 47. The number of deaths for 1847, was 15,499; for 1848 it was 15,919, and for 1849, when the Cholera was epidemic, it was 23,785.

Mr. Haslem, of Boston, has invented and manufactured a new *vaginal speculum* made of glass, covered with silver on the outside and the silvering protected by a coat of gutta percha. Its advantage is that the mirror formed reflects the light better than any heretofore in use.

Mr. J. P. Cook has been appointed Professor of Chemistry in Harvard University in place of Professor Horsford.

The number of deaths in Boston in the year 1850, was 3,667.

ARTICLE VIII.

OBITUARY.

Died in Chicago, February 18, of Typhoid Fever, Mr. N. C. Wells, Medical Student in Rush Medical College, from Hancock County, Illinois. Mr. Wells had earned a good reputation as a student and gentleman amongst his acquaintances in this city.

Died in Paris, December 15, 1850, Royer Collard, M. D., Professor of Hygiene, in the Faculty of Medicine.

ARTICLE IX.

IMPORTANT ERRATUM.

Dr. B. Woodward, of Sharon, Illinois, calls our attention to the error in the formula, at the close of Dr. Nelligau's article on the treatment of Diseases of the Skin, published in No. 4, of this volume, page 213. The water should have been put f. ℥ ss instead of f. ʒ ss.

We should think the dose of arsenic full large, even after this correction, as the dose given would contain about one-fourth of a grain of arsenic. Better begin with a tea-spoonful than a desert-spoonful.